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SHOULD THE NUMBER OF PROFESSIONAL STUDENTS BE RESTRICTED?

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Should the number of professional students be restricted? This is no medieval, metaphysical question. It is as real as fresh paint on a front door, as timely as today's newspaper, as uncertain as anything that may happen tomorrow.

The question may be approached from three angles. One may approach it from the angle of personal interest. To do so is not necessarily to be selfish. For those of middle age or beyond, the answer is not of immediate concern, for whatever happens they can somehow wag along. Their personal interest is likely to center in the careers of their children and of young friends and students who come to them for counsel.

One may approach the question from the angle of professional interest. Proud of the past of the profession, imbued with its ethics and its spirit, one may honorably argue for its maintenance as it has been built up by the patient labors and the accumulated wisdom of countless workers in the field.

But I am confident that the reader will approve a third approach, that from the angle of general interest: an impartial consideration of this question as bound up with the national problem of professional service in relation to the public weal: an approach that stresses the good of the people as a whole.

In seeking an answer to the question of whether the number of professional students should be restricted, I propose to do three things:

1. To present facts as to the actual numbers in the professions, giving them in clear and orderly fashion without statistical details.

2. To quote views of advocates of differing interpretations and proposals.

3. To venture an opinion that seems to issue from the facts and from other related facts and circumstances.

As to my presentation of facts, may I explain that this very topic is on the agenda of a committee of the American Council on Education, the Committee on Standards, of which I am chairman, and that members of this committee have cooperated in collecting pertinent studies relating to the professions of law, medicine, college and university teaching, and engineering.

Read before the Annual Congress on Medical Education, Hospitals and Licensure, Chicago, Feb. 18, 1935.

NUMBERS IN VARIOUS PROFESSIONS

What are the facts regarding numbers in the professions during recent normal years?

Profession of Law.—An answer for the profession of law is presented in a tabulation by the National Conference of Bar Examiners and also in a study made by a member of the Committee on Standards of the American Council on Education, Mr. Alexander B. Andrews. The tabulation of the Bar Examiners [1] cites the 1930 census, which shows 160,605 lawyers in the forty-eight states and the District of Columbia. This was an increase for the country of 31 per cent over the number in 1920, as compared with an increase of 16 per cent in the population for the decade.

The per capita proportion in 1930 was approximately one lawyer for every 762 persons. There were 131 lawyers for each 100,000 of population for the country as a whole. Considerable variation was revealed as to states and the observation of the Bar Examiners was that "lawyers are more plentiful . . . in the large cities . . . and that the ratio is increasing more rapidly in the large cities."

Interesting comparisons with numbers in the legal profession in European countries were afforded in an address [2] by Mr. Andrews as president of the North Carolina Bar Association in 1929, based on information in *Juristische Wochenschrift*, a weekly legal journal of Germany. These comparisons may be most compactly presented in the accompanying table.

One commentor observed [3] that, while "the demand for the quantity of legal services in such countries is less than in the United States, yet in no foreign country is the population per lawyer nearly so small as in the United States."

College and University Teaching.—Facts about the number of teachers in colleges and universities in the United States are provided by the reports of federal departments and of the weekly educational journal *School and Society*.

In 1929-1930 the teaching staffs of 1,078 universities, colleges and professional schools totaled 71,722 persons.[4] In addition there were 14,463 teachers in 331 normal schools and teachers' colleges, making a grand total of 86,185 collegiate teachers.[5]

In their 1934 enrolment figures reported to me as a member of the staff of *School and Society*, 567 approved institutions had a total of 67,521 teachers. The ratio

1. The Bar Examiner **1**: 254-257 (July) 1932.
2. Andrews, A. B.: Proceedings of the Thirty-First Annual Session of the North Carolina Bar Association, June 27-29, 1929, Raleigh, N. C., Edwards & Broughton Company.
3. Teiser, Sidney: A Proposal for a Limited Bar, Am. Bar A. J. **21**: 43.
4. Biennial Survey of Education, 1928-1930, U. S. Office of Education **2**: 326, 331.
5. Statistical Abstract of the United States, 1933, U. S. Department of Commerce.

on the grand total enrolment in these institutions of 978,632 would be one teacher to 14.5 students.[6]

Comparisons with the two great English universities are afforded through the 1928 report of a Yale University committee, edited by Professors Henderson and Davies, which discloses that the ratio of teachers to students at Oxford was 1 to 16 and the ratio at Cambridge was 1 to 15.6.[7]

Engineering Profession.—To the inquiry as to the number in the engineering profession an answer is given in the publications of the United States Census Office.[8] In 1930 there were 282,484 men engaged as technical engineers. These included civil, mechanical, electrical, mining and other engineers, but not architects, chemists, designers, draftsmen, inventors and physicists. It is estimated that about one half of this group held membership in the national professional societies of engineers and engineering.

The increase for 1930 over 1920, as calculated from the census returns, is about 50 per cent in the number of engineers as compared with an increase of 16 per cent in the population for the decade.

The per capita proportion in 1930 was approximately one engineer for 425 persons; and, of those enrolled in the professional societies, approximately one engineer for 850 persons. There were 231 engineers for each 100,000 of population for the country as a whole.

Comparative Number of Lawyers per Capita

Numbers in the Legal Profession, 1927-1930	Ratio of Population to Each Lawyer	Lawyers per 100,000 of Population
United States	764	131
Canada	1,319	75
England and Wales	2,111	47
France	4,585	22
Germany	4,134	24
Italy	2,330	43
Denmark	2,460	32
Norway	1,689	59
Sweden	16,450	6

No comparable figures are available as to the number of engineers in European countries.

Medical Profession.—And now I come to figures with which many readers are doubtless familiar.

In their famous report of 1932 [9] on medical care for the American people, the committee in charge of the five-year program declared that "nearly 1,100,000 persons in the United States devote all or a large part of their time to providing medical service." The number of physicians engaged in private practice in 1929 was given as 121,000, the number in medical institutions as 21,000. This total of 142,000 physicians would be in the ratio for the entire country of about one physician to every 852 persons. The range was from one to every 621 in New York State to one for every 1,431 persons in South Carolina. There were, for the country as a whole, 116 physicians for each 100,000 of population.

More recent statistics, given by Dr. Harold Rypins,[10] show "156,440 licensed physicians at the present time . . . one for every 780 persons."

As to European comparisons, Dr. Rypins reports that "England has one doctor per 1,490 persons; France, one per 1,690; Sweden, one per 2,890.

At the present rate, the number of physicians in the United States in 1940 will be 171,700 and in 1980 about 211,800, according to the quoted estimate of the Commission on Medical Education.

VIEWS REGARDING LIMITATION

The second section of this analysis is a summary of the ways in which the facts just cited are interpreted by different students of the problem, and a summary of specific proposals for solving the problem.

A Limited Bar.—"The bar is decidedly overcrowded" declares Mr. Will Shafroth, adviser to the Council on Legal Education and Admission to the Bar of the American Bar Association.[11] Mr. Shafroth [12] attacks the Jacksonian idea that

> the practice of law should be open to every one who aspires to it. . . . It ignores the fact that the incompetents do the public much more harm than the benefits it could hope to receive through decreased costs, both by the giving of bungling advice and inadequate service, and through lowering the moral standards of the marginal lawyer.

That historically the right to restrict the number of attorneys permitted to practice has long been recognized and exercised in England was brought out by Mr. Sidney Teiser of the Portland, Ore., bar.[13] He advocates a plan for "denying admission to the bar to all applicants until there is a recession to the ratio of reduction determined upon," with a provision that all who are at present studying law should be exempted from this action. "The public welfare is the sole determining factor."

Dean Young B. Smith of the Columbia Law School is quoted as saying that "we continue to get over twice as many lawyers as we need to maintain the 1930 ratio of 131 lawyers to every 100,000 people."

Three counties in Pennsylvania operate a quota system by which their bars restrict the number of lawyers admitted each year. The Pennsylvania Bar Association recently considered a recommendation of a special committee but did not approve the proposal for arbitrary limitation.

The situation seems to be fairly summed up by Mr. Shafroth: [12]

> Generally the feeling in this country is that the adoption of a quota is unnecessary and would result in vociferous protest from the public. If our lawyers act intelligently they will forestall it by adopting those methods which have been so successful in the medical profession. First, they will require the two-year college standard before the beginning of law study, and, second, they will, through their Boards of Bar Examiners, require graduation from law schools which competent agencies declare give an adequate legal education.

Approving measures to eliminate weak law schools and to raise standards for admission to the bar, Dean M. L. Ferson of the College of Law, University of Cincinnati, suggests [14] that "there has been considerable work for lawyers" and that "our present and social economic trend points to still more work for the profession."

Teaching Limitations.—The increase in the number of teachers in American universities, colleges and professional schools from 1920 to 1930 was 67 per cent; the increase in student enrolment during the same decade was 86 per cent.[15]

6. Walters, Raymond: Statistics of Registration in American Universities and Colleges, School and Society **40**, Dec. 15, 1934.
7. Incomes and Living Costs of a University Faculty, New Haven, Conn., Yale University Press, 1928, pp. 164-165.
8. U. S. Census Office, United States Summary, Fifteenth Census, 1930, p. 62. (quoted by Fiske, D. L., Civil Engineering, January 1934, p. 16)
9. Medical Care for the American People, University of Chicago Press, 1932, pp. 4 and 5.
10. Rypins, Harold: Federation Bulletin of the State Medical Board of the United States **19**: 280 (Sept.) 1933.
11. Shafroth, William: Am. Bar A. J., December 1934, pp. 768 and 801.
12. Shafroth, William: Notes on Legal Education, March 1, 1932.
13. Teiser, Sidney: Am. Bar A. J. **21**: 42-46 (Jan.) 1935.
14. Ferson, M. L.: Trends and Needs in the Legal Profession, College of Law, University of Cincinnati.
15. Biennial Survey of Education, 1928-1930, U. S. Office of Education **2**: 326.

At Yale, from 1918 to 1928, the student body in the four nonprofessional schools of the university increased 77 per cent, while the faculty number increased 74 per cent. In its 1928 report, which cites these figures, the Yale Faculty Committee ascribed the progressive increase in the number of the faculty as "a determining factor in preventing the salary scale from increasing in proportion to the university's income." [16]

The teaching profession has its economic future largely in its own hands. If methods are developed for keeping down the teacher-student ratio, so as to hold the faculty at about its present size, while still giving effective instruction in the larger subjects, a steady improvement in the economic status of the profession may be expected.

Evidence in another direction as to trends in certain American colleges was reported by Dr. J. G. Umstattd, who found that in these colleges "the average of appointments per institution decreased from 10.7 in 1920-1921 to 6.9 in 1931-1932, a decrease of 35 per cent." Dr. Umstattd expressed his thought that "the problem will become more acute as the surplus of unemployed college teachers increases, and should receive immediate, nation-wide consideration."

Consideration by administrators directly concerned was given at the October 1934 meeting of the Association of American Universities at the University of Chicago.[17]

A paper of Prof. S. H. Slichter of Harvard estimated that the drop in academic employment due to the economic depression "has probably been less than 10 per cent," with a shrinkage in the number of professors "much greater in private institutions than in public." Professor Slichter prophesied that "the demand for college and university teachers will increase at a decreasing rate."

Prof. George E. Carrothers of the University of Michigan gave an estimate that American universities in the ten-year period from 1924 to 1933 awarded "a grand total of approximately 16,721 doctorates of philosophy." To the question "What to do with the product?" Professor Carrothers answered in terms of college teaching and of teaching in secondary schools. Dean L. P. Eisenhart of Princeton thought it desirable to approximate in the United States what has gone on for years in Europe, where holders of the doctorate and producers of research and literary work are teachers in the lycée and gymnasium. Dean Edgar S. Furniss of Yale agreed that the secondary schools would gain by taking on doctors of philosophy who have the requisite personal qualifications for teaching younger students; and he suggested also fields such as public service as an outlet for graduate students.

At the same meeting Prof. Anton J. Carlson of the University of Chicago took definite exception to the doctrine of restricting enrolment because professional fields are crowded. "Is it such a waste if a Ph.D., unable to find a place in education or in science, goes into industry or business?" Professor Carlson opposed limitation in the professions, following the old guild custom. "Who are we to say nay to those who want to go ahead regardless of the risks?" Dean Charles B. Lipman of the University of California seconded this view, saying that he objected to such limitation, just as he objected to telling a farmer how much he may plant. "We don't know enough about the future to determine now the number of Ph.D.'s it will need." President Ray Lyman Wilbur of Stanford University added his approval of this point of view.

Limiting Engineering Students.—"A more rapid increase than ever before in the quality and number of trained experts and leaders" was predicted in a report published in 1923 by a joint committee of the National Industrial Conference Board and the Society for the Promotion of Engineering Education.[18] This was the committee's answer to the question "Do the industries in the United States need more or fewer engineers than the number now being graduated from engineering schools and colleges?"

Eleven years later (January 1934) a contrary view [19] was given by Mr. David L. Fiske, secretary of the American Society of Refrigerating Engineers. Mr. Fiske, basing his conclusions on an analysis of U. S. Census figures for forty years, declared that "without regard to the employment influences of the current depression, statistics from 1890 to 1930 reveal signs of future overcrowding."

The facts at hand show mainly that in the next two decades the number of men in the profession will probably increase a third over that employed in 1930, if newcomers are limited to those with four years of college training. Professional and educational programs which disregard this situation must assume that the demand for technical engineering services will increase proportionately.

Calling attention to the sharp falling off in enrolment in American engineering schools in the past few years, Prof. William B. Plank [20] of Lafayette College has written that, so far as the mineral industry is concerned, opportunities for employment appear to be good and that in the near future "the demand may easily exceed the supply."

That the 1923 report of the committee of the National Industrial Conference Board and the Society for the Promotion of Engineering Education remains valid today is maintained by Dean Herman Schneider of the College of Engineering and Commerce, University of Cincinnati. In a recent letter [21] Dean Schneider points to "the very wide range of activities covered by the engineer. There is hardly a field of construction, production or distribution in which the engineer has not become the dominant factor." He cites new avenues such as "political science and preventive medicine through the application of sanitary methods, zoning, housing; and the employment of engineers by banks holding industrial concerns." Dean Schneider concludes that "there need be no curtailment in the production of engineering graduates who are soundly trained."

Limiting Medical Students.—"There should be more effective control over the number and type of practitioners trained." This was one of the nine needs listed by the Committee on the Costs of Medical Care in its 1932 report, to which reference has already been made in this paper.

"It is evident," declared Dr. Walter L. Bierring of Des Moines, Iowa, in a paper read in September 1933, "that doctors have been trained without any consideration of possible consumer requirements. Overcrowding, like overproduction, already existed when the country was consuming the maximum of professional services."

16. Incomes and Living Costs of a University Faculty, New Haven, Conn., Yale University Press, 1928, pp. 92-98.
17. Walters, Raymond: School and Society, Nov. 3, 1934.
18. National Industrial Conference Board, Special Report number 25, 1923, pp. 3-11.
19. Fiske, D. L.: Civil Engineering 4:16-20 (Jan.) 1934.
20. Plank, W. B.: Are Too Many Students Taking Mining Courses? Mining and Metallurgy, May 1934.
21. Schneider, Herman: Personal communication to the author, Feb. 6, 1935.

Dr. Bierring then listed some of the social dangers of an oversupply of physicians.

Dean W. C. Rappleye of Columbia University College of Physicians and Surgeons said in October 1933 at the Minneapolis meeting of the Association of American Medical Colleges:

> There is no longer the need for the high ratio of physicians to the population which was required in the past. The increased density of the population, the great improvement in transportation and communication, the development of better facilities for medical service in many areas, the influences of preventive medicine, and the training of nurses, technicians and other aides who are able to do some of the work which the physician needs to have done, all tend to make it possible for a fewer number of physicians to do a greater amount of more satisfactory work for a large number of people.

Dean Rappleye advocated restriction of numbers in the medical colleges, at the same time stressing that this is "only a part of the much larger educational problem," which he defined as "providing a more satisfactory and more complete medical service for the people of the country." [22]

Taking part in the same symposium in 1933, Dr. William D. Cutter,[22] secretary of the Council on Medical Education and Hospitals and a member of the Committee on Standards of the American Council on Education, suggested that "medical education is costly not only to the individual but to society" and that "not every one who aspires to a professional career has a God-given right to receive a long and highly technical training at public expense."

Dr. C. R. Bardeen,[22] dean of the University of Wisconsin Medical School, in this discussion cited sums earned by Wisconsin physicians in 1930, which, "while not large, represent incomes high compared with those received by the large majority of the population and constitute a potent factor in leading youth to enter the practice of medicine."

> Mere reduction in numbers of those going into various pursuits does not embrace the solution. If there are too many physicians, how about the farmers? . . . What we need today is not so much a limitation in the number of medical school graduates as a greater number of graduates who are experts in the field of social psychiatry. The World War and the world depression are evidences of a social insanity or social imbecility which constitute a challenge to the priests of Aesculapius and Hygeia.

Dr. C. C. Bass, dean of the Tulane University of Louisiana School of Medicine, also a speaker at the 1933 meeting at Minneapolis, gave as one of his conclusions that "The chances of there being an oversupply of physicians above the public need are not such as to justify serious concern at the present time."

In the discussion, Dr. G. Canby Robinson of Cornell University Medical College maintained that "the schools have a very definite responsibility in at least presenting to those considering the study of medicine the problem of the number of physicians and the opportunities of medical graduates." He called attention to competition from other sources for the best type of men. "If we have a situation where the outlook in the profession is not good, we will not get many of those studying medicine who are particularly gifted, men who can make a success in a number of fields."

Referring to Tennessee, Dr. O. W. Hyman of the University of Tennessee said that "while we have enough physicians, if we . . . calculate so many people to so many doctors, there were and still are in our state wide territories in which it is true that medical service is inadequate."

Dr. Richard E. Scammon of the University of Minnesota commented that "within the last ten years the cities have grown in population by about fourteen million. In the meanwhile, rural communities have decreased by one million, so it seems to me that this is a perfectly natural movement of medical men. There may quite well be a shift the other way."

It was the opinion of Dean H. G. Weiskotten of the Syracuse University School of Medicine that the problem cannot be solved on a provincial or state basis. "The statistics we have indicate that this whole problem of the oversupply of graduates must be considered on a country-wide basis."

Referring to ratios of physicians to population in foreign countries, Dr. Hugh Cabot of the Mayo Clinic challenged the inference "that these facts have some important relation to our situation here. I assert that they have none. . . . There is no country in the world at the present time, unless it be England, in which the average American can receive the grade of medical attention which he has come to believe necessary." As to the question of restriction, Dr. Cabot said: "I do not know whether the numbers ought to be limited or not." If there is restriction he felt that it should be done not on a vocational basis by the profession but on an educational basis by the medical schools, of which "a great majority at this time are associated with universities. . . . The universities are today properly regarded by the population in general as a fairly distinterested group, and I think the people will be willing to leave in their hands the decision of whether there should be a diminution or an increase."

"The Medical Profession and the Public" was the topic of papers read at a joint meeting in February 1934 of the College of Physicians of Philadelphia and the American Academy of Political and Social Science. Several of these papers contained references bearing on the question of restricting medical students. Dr. Edgar Sydenstricker,[23] director of research of the Milbank Memorial Fund, said:

> Such facts as are available show that in 1929 one third of all physicians had net incomes of less than $3,000 and one half less than $3,800. If we grade physicians in income intervals of $1,000, more physicians could be found in the $3,000-$4,000 class than in any other. And this was in the halcyon days! . . . When we consider the investment in the doctor's training and his responsibility, the inescapable conclusion is that large proportions of medical practitioners are not being adequately remunerated.

There was an interesting generalization regarding the quality of medical students as compared with others in the paper of Dr. Roger I. Lee [24] of Boston:

> The profession of medicine makes a strong appeal to a definite proportion of young men. Of course, the road is long and expensive and the final returns in material things are not great. As a result, the impatient, the avaricious and the casual students do not continue their medical studies. Many youths who mildly fancy that they might like to study medicine are deterred by the preliminary requirements in college. Nevertheless, an adequate number of able and vigorous-minded boys of varying degree of personality continue to seek admission to our medical schools. These boys seem to represent a good cross section of college youths, and they seem to have more idealism than the average.

22. J. Am. M. Coll. 8:1-8 (Jan.) 1934.

23. The Medical Profession and the Public, the American Academy of Political and Social Science, Philadelphia, p. 25.

24. The Medical Profession and the Public, pp. 51 and 106.

Referring to the "limitation of numbers in the first-rate medical schools," Dr. Lee said that "the output of doctors is not running wild in the realm of over-production about which we hear so much."

At the same meeting, Dr. William Trufant Foster, director of the Pollak Foundation for Economic Research, gave an address strongly advocating group practice, in which he commented on the willingness of "physicians as a body, especially family doctors, . . . to risk their lives and to serve suffering mankind without regard to money rewards." [24]

GENERAL VIEWS REGARDING PROFESSIONAL LIMITATIONS

The "extraordinary growth in the number of students" in the universities of Europe and increasing unemployment in the professions were discussed by Dr. Walter M. Kotschnig of Geneva at a conference of experts in Geneva in August 1933. (Dr. Kotschnig has kindly supplied me with a mimeographed copy of the proceedings of this conference.) He said:

> In almost every country there is a marked increase in the number of medical and law students. The increase in medical students may perhaps be regarded as one of the consequences of the war, which brought the experience of human suffering home to the younger generation as no other event of the last decades had done. The study of law was often taken up even before the war by those who did not know what to study. . . . Many took to higher education because they preferred it to continued unemployment.

Dr. Kotschnig's declaration was that "the number of people who are fitted by intellect and character for university study is necessarily limited," and he expressed his judgment that the great influx of students has lowered the level within European universities. Dr. Kotschnig and others at the Geneva Conference very definitely urged restriction in the number of professional students, favoring a system of vocational guidance by which more youths should be trained as electricians, agriculturists and craftsmen.

A vigorous critic of current plans to restrict the number of professional students in the United States is Prof. Harold F. Clark of Teachers College, Columbia University. Professor Clark's views were set forth in his book "Economic Theory and Correct Occupational Distribution," published in 1931, and more recently in an article in the *Journal of Educational Sociology* for December 1934. In this article he says:

> No group can be trusted with the determination of the number of people to be admitted to that group. The history of groups that have had power to determine their numbers offers conclusive evidence that that power will be misused. . . . The damage caused is not less because plausible excuses are given or even because the protection of society is said to be the cause of the limitation.

Along with physicians, lawyers and engineers, Professor Clark includes dentists and architects and adds: "The plumbers, bricklayers and carpenters know that there are too many plumbers, bricklayers and carpenters."

Professor Clark's own proposal is that local and state planning commissions should be organized. "The state commissions will have to combine and set up a national occupational council. This will determine the optimum number of people for each occupation. All the people, of course, will have to be used to do all of the work."

Somewhat the same criticism was presented in a conference at the University of Oregon in July 1934 by President George W. Frasier of the Colorado State Teachers College: [25]

> We are told that we have too many farmers, too many shoemakers, too many textile workers, too many miners, too many ditch diggers. . . . If we are to be logical then and follow the advice of the leaders of our professional schools, we would cut down the number of men entering all professions and all occupations. . . . In fact, this whole line or argument reduces itself to absurdity. If we were to cut down our population by five to twenty million we would then need fewer doctors, nurses, teachers, artisans, factory laborers, miners and laborers.

President Frasier then gave as "the other side of the question" his view that "we do not have too many doctors in America. Large areas of our country are without adequate medical service. . . . We do not have too many teachers in America."

> Our surplus labor must be taken up with social services which can be rendered by teachers, playground experts, doctors, nurses, and others who do not produce material things. There is a limit to the number of shoes that can be worn or cars that can be driven. There is no limit to the social services that can be rendered in our changing society.

A PERSONAL VIEW

What I have presented thus far represents material which members of the Committee on Standards of the American Council on Education cooperated in gathering and which the chairman of the committee has assembled and summarized as compactly and objectively as he could.

What follows is not objective but subjective. Other members of the standards committee are in no way responsible for it. This is simply a personal opinion, the thought of one man who puts it forward with full recognition of the difficulties of the problem and with no undue confidence that his opinion is right.

My opinion is based on two assumptions:

The first is that, in the American democracy today, one should accept as basic, in regard to limiting numbers in the professions, the old Benthamite doctrine: the greatest good to the greatest number. One should have in mind less the advantage of the profession and of those in it than the advantage of all the people.

A second assumption is that the good of the people is so peculiarly dependent on the service of the professions that satisfactory conditions within the professions are a matter of public concern. The social welfare of all citizens and the personal welfare of each citizen are bound up with how the lawyer represents us; how the engineer builds the bridges over which we ride; how the college professor teaches our sons and daughters; how the physician averts disease and, when we have it, heals us.

With these two assumptions in mind I propose a new approach to the question of limiting numbers in the professions, a question I shall for our purposes here restrict to the medical profession. This is the approach that emphasizes quality rather than quantity.

It might appear that quantity would be the prime consideration in the light of our principle of the greatest good for the greatest number, and that this consideration would indicate for the profession of medicine those mass methods and technics by which industry and business in the United States have produced and distributed efficiently and cheaply. Within certain bounds this is logical; in fact the medical profession has

25. Proceedings of the Conference on Higher Education, University of Oregon, July 1934, pp. 92-93.

adopted some of these methods and technics in hospital administration and in the mechanics of group and individual practice of medicine.

But the analogy with industry and business does not hold in the fundamental issue. Industry and business produce and distribute goods. The profession of medicine supplies expert human service, which is essentially different from goods. Here are illustrative examples: A class of school children line up for inoculation; in this minor respect they are handled by mass method. But consider the same children in an epidemic or in a wreck of their school bus; the treatment they then receive is individual. Except for routine administration, medical service is individual in its very nature; it cannot be rendered by mass methods.

What concern has the public as to the number of physicians who serve it? It is vital that there shall be enough available for ordinary conditions and for emergencies. The plight of some country districts where there are too few doctors and of some urban sections where specialism has run rampant emphasizes the lack of satisfactory distribution; there is beyond this a need for more physicians in public health capacities. It is probable that the number of physicians is less important to the public than their location and availability.

Is the public affected if there are too many physicians? I agree with the writers quoted who believe that the evils involved are serious. When overcrowding of the profession drives physicians to acts banned by medical ethics, it is the public that suffers. There is a definite social advantage when the profession is not overcrowded and when its practitioners are substantially rewarded.

I believe that most of the perplexities will clear if the problem is approached from the angle of quality. By quality in the physician I refer to expertness, character and personality. Of these there is no oversupply. If quality in these essential and coordinate elements is insisted on there will be no overcrowded medical profession for the very good reason that, while there are hosts of suitors, the number who can draw the bow of the medical Ulysses is never large. Those who can do so, those who on this threefold basis of quality are rightfully admitted to the profession of medicine, will in all likelihood be successful and contented and will receive commensurate rewards. Most important of all, in accordance with their democratic principle, the American people will be well served.

Having thus stated my proposal in general terms, I shall now discuss expertness, character and personality as I interpret them as criteria for admission to the medical profession.

Expertness.—Because medicine is both a science and an art there are corresponding divisions as to expertness. Every one grants that the marvelous advances of medicine in the past quarter of a century have been due basically to scientific research. Vast fields remain for exploration by young men having the bent for research. Since there is no oversupply of research ability, the quest for it among students should be a permanent item on the agenda of every medical school.

In medicine as an art, the expert physician is so intelligent and so well trained that he knows and utilizes the results of science effectively. There is no plethora of such capacity.

Character.—I would paraphrase here a definition which William James (physician, psychologist and philosopher) once gave of an English gentleman. The definition would then be: "A physician of character is a bundle of specifically qualified reactions, a creature who for all the emergencies of life has his line of behavior distinctly marked out for him in advance."

The roots of honor in the physician, as John Ruskin wrote, are to keep the people in health and to die "rather than leave his post in plague." Precisely because such a code has become associated with the physician, the lapses of even a few physicians come as a shock. To determine which of the candidates for the medical profession are fitted to measure up to its stern professional standards becomes a peculiar obligation to medicine and to the public.

Personality.—There is the sense of vitality which marks the physician's personality. He need not be an Osler, a Welch, or the particular physician whom you would cite as a towering figure. But he should have a personality inspiring confidence and cheer. What every patient knows is that he is helped by the man as well as by the physician.

The element of personality enriched by education and culture marks the physician effective as a practitioner and also as a leader in this democracy. President Conant of Harvard recently referred to the way in which distinguished professional men, among them physicians, "profoundly influence the thought and action of the whole country."

If it is to be granted that expertness, high character and vital personality are essential requirements of the physician, the question arises as to who shall measure these qualifications and how.

There are persons who hold that the whole problem of the professions should be dealt with by governmental action, by broad social planning. Whatever one's own attitude may be, it is manifest that at the present time no federal or state action is likely.

There are persons who favor judgment by the profession, through its official organizations and commissions. As a layman, I would express my approval of the trend toward national grouping and recognition of specialists as an advantage to the people in their perplexities as to who is and who is not a properly qualified specialist. The broad problem of qualifications must, as I see it, be met early. It may well become the responsibility of that agency to which Dr. Hugh Cabot referred as "a fairly disinterested group," namely, the university medical schools.

The medical school is in a position to judge, perhaps better than commissions, whether of the public or of the profession, regarding the quality of candidates for the profession. I believe that the best medical schools are already doing this creditably well. They are making quality the basis for admission, for advancement and for graduation from the medical school.

As to admission, they are utilizing various criteria, such as grades attained by applicants in their liberal arts work, scores made in the medical aptitude test, and confidential opinions of the science professors who taught the applicants in the liberal arts college.

As to advancement and graduation, they are employing examinations of both old and new types, including the promising new devices of qualifying examinations for students at the end of two years of work and of comprehensive examinations, along with other content examinations in the senior years, as a final quality test.

All these academic procedures are of prime importance. But they are not enough. There remains the necessity to obtain estimates of the cultural and ethical background and outlook of the applicant for admission and of the candidate for graduation. No task facing

a dean and faculty calls for more care, wisdom and humility. But undertake it they must.

And now for my concluding thought. It seems to me that, if we accept the doctrine of quality first, the determination of quality among candidates for the medical profession may well be left to the medical colleges. If so, there will probably be a solution of our question as to numbers in the profession—a solution that issues from the economic conditions in which we find ourselves. Financial limitations hamper every university and medical school. With stabilized income from tax sources in institutions under public control, with stabilized income from endowments in institutions under private control, with stabilized fees in both types, the gifts that trickle in should be assigned not for more enrolment but for more research and for improvement in teaching facilities.

Each medical college should resist the temptation to take more students merely to make money. Each medical college should hail quality as its obligation and goal as never before. In this policy there should be concurrence by the Council on Medical Education and Hospitals of the American Medical Association, by the Association of American Medical Colleges, and by the Federation of State Medical Boards of the United States. This is an objective, I firmly believe, that is unselfish and is devised for no private advantage but is calculated rather to bring the greatest good to the greatest number of the American people.

THE HISTORY OF MEDICAL LICENSURE

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The idea of making the practice of medicine dependent on a license, a certificate issued by a competent body testifying that the bearer has undergone a training considered adequate, is an idea that originated in the Middle Ages. The European Middle Ages created an institution that was modified in the course of time but survived in its basic idea to the present day. The idea of licensing the medical profession resulted from the general structure of medieval society, which was strictly organized according to status, crafts, trades and professions. Each such vocational group had regulations, standard-setting codes, guaranteeing highly qualified services to society. It was recognized that such standards were particularly important in the case of the medical profession. In no other profession is lack of knowledge so serious in its consequences as in medicine. A wrong legal judgment can be corrected by a higher court. A wrong diagnosis or a wrong treatment may result in the death of the patient. No wonder society tried to protect itself from ignorant physicians. If the profession was to be respected and society was to have confidence in it, standards must be set, and the man living up to these standards had to testify legally that he was a real physician. In this way a clean-cut distinction was established between the physician who had undergone a prescribed training and the pseudophysician or quack. Great credit must be given to medieval society not only for having recognized the importance of these facts but for giving them a legal conformation and for having set an example for all time to come.

Read before the Annual Congress on Medical Education, Hospitals and Licensure, Chicago, Feb. 18, 1935.

MEDICAL PRACTICE IN ANCIENT TIMES

Attempts at some kind of regulation of medical practice can be found before the Middle Ages, and they will have to be reviewed briefly. The oldest document of the kind that I know of is to be found in the sacred books of the Parsis, the Avesta. In one of these books, the Vendidad, a book very similar in character to Leviticus, is found a tariff regulating the physician's fee, very much like the one in the Code of Hammurabi. Besides, there are rules concerning the admission of the surgeons to practice. The text runs:[1]

36(94) Maker of the material world, thou Holy One! If a worshipper of Mazda want to practice the art of healing, on whom shall he first prove his skill?—on worshippers of Mazda or on worshippers of the Daêvas?—

37(96) Ahura Mazda answered: "On worshippers of the Daêvas shall he first prove himself, rather than on worshippers of Mazda. If he treat with the knife a worshipper of the Daêvas and he die; if he treat with the knife a second worshipper of the Daêvas and he die; if he treat with the knife for the third time a worshipper of the Daêvas and he die, he is unfit to practice the art of healing forever and ever.

38(99) Let him therefore never attend any worshipper of Mazda; let him never treat with the knife any worshipper of Mazda, nor wound him with the knife. If he shall ever attend any worshipper of Mazda, if he shall ever treat with the knife any worshipper of Mazda and wound him with the knife, he shall pay for it the same penalty as is paid for wilful murder.

39(102) If he treat with the knife a worshipper of the Daêvas and he recover; if he treat with the knife the second worshipper of the Daêvas and he recover; if for the third time he treat with the knife a worshipper of the Daêvas and he recover; then he is fit to practice the art of healing forever and ever.

40(104) He may henceforth at his will attend worshippers of Mazda; he may at his will treat with the knife worshippers of Mazda, and heal them with the knife.

In other words, parts of society, the true believers, were protected against lack of knowledge in the surgeon.

This is a very exceptional document, for throughout antiquity medical practice was open to all. The physicians had to compete with the quacks, and some of the hippocratic writings show how serious this competition was. Some physicians endeavored to outdo themselves by dressing extravagantly and by displaying showy instruments, and it is highly probable that the art of prognostic developed to such an extent in Greece not only for medical reasons but through the tendency to gain the patient's confidence by telling him right away what his case was and what would happen to him.[2] The hippocratic oath was not a legal document. It was a private contract between master and pupil, the master adopting his pupil as a son. And, besides, it set ethical standards.[3] No worldly authority could enforce the oath. It is not known how long it was in effect; in all probability it was restricted to a small group of physicians in the early days of Greece.

In ancient Rome, medical practice was also open to all. But then, from the first century B. C. on, the physicians were given a privileged position in society. In 46 B. C., Julius Caesar presented all free-born Greek physicians on Roman soil with the right of Roman citizenship. Augustus knighted his body-physician Musa. In the ensuing years the privileges accorded physicians

1. The Zend Avesta, I The Vendidad, edited by J. Darmesteter, in The Sacred Books of the East, edited by F. M. Müller, Oxford **4**: 83-84, 1880.

2. Edelstein, Ludwig: Peri aeron und die Sammlung der Hippokratischen Schriften, Problemata, Forschungen zur klassischen Philologie, No. 4, Berlin, 1931.

3. Deichgräber, Karl: Die ärztliche Standesethik des Hippokratischen Eides, Quellen und Studien zur Geschichte der Naturwissenschaften und der Medizin, Berlin **3**: 29-49, 1932.

became still greater. The doctors were exempt from taxation, free of military service and free of the duty of taking lodgers and of accepting offices. It is obvious that, the greater the privileges, the more tempting it became to call oneself a physician in order to obtain them. So far there were no regulations of any kind to define who a physician was. In the reign of Antoninus Pius the number of physicians granted the privileges was restricted to five, seven or ten for each city, according to the size of the city. These physicians were called the valde docti, and in order to attain to this rank they had to present their credentials to prove that they actually possessed medical knowledge and experience. The medical profession was not licensed—there were still endless pseudophysicians—but each city at least had a few doctors whose knowledge was guaranteed by the municipal authorities.[4]

ATTEMPTS AT LICENSURE IN ARABIA

In the Arabic world there seems to have been no general institution of medical licensure. But individual attempts can be traced there also. In 931 A. D. the Caliph al-Muqtadir decided that no one should practice medicine in the capital, in Baghdad, unless he had been examined by the physician Sinân ibn Thâbit of Harrân. A few generally respected physicians were exempted from these examinations, but all the others, and it is said that there were more than 860 physicians in Baghdad at the time, had to submit themselves to this test. It is not known whether this attempt was repeated by other caliphs or not.[5]

LICENSURE IN THE MIDDLE AGES

Medical licensure, as an institution, became general in the European Middle Ages. I shall not discuss the standards required. They of course varied from century to century and depended on the status of medicine. But an examination will have to be made into the body that conferred the licenses and how licensure was handled. Conditions were relatively simple as far as the surgeons were concerned. The surgeons were craftsmen and as such were organized in craft guilds. The guilds were vocational groups that were established in the growing cities in the eleventh and twelfth centuries. They were workers' associations; to join them was made compulsory by the state. No craftsman could exercise his craft outside the guild. From the thirteenth century on, the guilds became self-governing bodies and in many cities gained great political power. The guild was a stabilizing agency. It set working hours, wages and prices. It had a definite monopoly in the craft. It excluded competition by setting definite standards. Its tendency was to make all masters of the guild equal in production and earning. It was therefore not a progressive institution, but it guaranteed a high quality of work to society. A definite hierarchy was established within the guild. A young man desiring to become a surgeon entered the guild as an apprentice. After from two to three years' apprenticeship with a master he was given a certificate and continued his work for from four to six years as a journeyman; if he wanted to become a master, he had to pass a strict examination. He had to show his birth certificate—having to be of legitimate birth—and had to pay dues and submit to a practical as well as a theoretical examination, given by the masters, to whom, very often, physicians were added, as examiners. No practice was possible outside the guild, and the surgeons in most places were at the same time barbers and keepers of bath-houses. In places where the surgeons were not numerous enough to form their own guilds they joined other guilds, very often the guild of blacksmiths, the idea of this queer combination being that the members of the guild had the privilege of making their own tools. The surgeons, therefore, made their own instruments, and this formed the connecting link with the blacksmiths.

Now to the physicians: They, obviously, were no longer craftsmen. They were members of a liberal academic profession and would not fit into the guild system. The physicians organized, and their licensing body became the medical faculty of the universities. It is interesting that the first medieval regulations were issued in connection with the first medical faculty of the western world, with the school of Salerno. In 1140 the Norman king Roger issued an order, stating:

> Who, from now on, wishes to practice medicine, has to present himself before our officials and examiners, in order to pass their judgment. Should he be bold enough to disregard this, he will be punished by imprisonment and confiscation of his entire property. In this way we are taking care that our subjects are not endangered by the inexperience of the physicians.
>
> Nobody dare practice medicine unless he has been found fit by the convention of the Salernitan masters.

From 1231 to 1240 the Hohenstaufen emperor Frederick II published his Constitutiones Imperiales, a code based on the old Norman codes, but adding new laws. The regulations concerning physicians are very detailed. The curriculum included three years of logic; that is, a training in the humanities, followed by five years in medicine, after which the student was examined. But before practicing independently, the physician had to do practical work under the guidance of his teachers for one more year. The regulations go on, setting definite standards for medical practice, for the controlling of the pharmacies and the establishing of a fee code. Medical licensure was now definitely established. The medendi licentia was given to candidates who had gone through the prescribed curriculum and had been examined by the most competent physicians, the Salernitan masters. Representatives of the state (ordinati nostri) were present at the examination, so that it was under state control. The license was issued not by the medical school but by the emperor or his representatives. Heavy penalties threatened whoever practiced without a license.[6]

An example was set that was followed by the other European universities. The student had to pass not only one but several examinations. After two or three years of work he graduated as a bachelor (baccalaureus). After from two to three more years and another examination he could become a licentiate, which conferred the right to practice. As a rule, it was required that he be 26 or 28 years old. The license was conferred as a rule not by the worldly authorities but by the chancellor of the university, usually a cleric representing the pope. Another examination, which, however, was mostly nominal, consisting in a disputation, conferred the title of Magister, or Doctor, the Doctor having not only the privilege but the duty to

4. Meyer-Steineg, T.: Geschichte der römischen Aerzestandes, Kiel, 1907.
5. Browne, E. G.: Arabian Medicine, New York, Macmillan Company, 1921, p. 40.
6. The Latin text in Huilland-Bréholles: Historia diplomatica Friderici Secundi, Paris 4, 1854: Constitutiones Regni Siciliae; English translation in Hartung, E. F.: Medical Regulations of Frederick the Second of Hohenstaufen, M. Life 4:1 587-601 (Dec.) 1934.

teach for some time. Special arrangements had to be made for Jewish physicians, who could not be licensed by a representative of the pope; in such cases the license was issued by the faculty.[7] Whoever practiced without a license was excommunicated and, in addition, persecuted by the municipal authorities. The license gave a physician the privilege of practicing in all Christian countries. In Paris, the formula spoken by the chancellor when conferring the license was:[8]

> Ego, cancellarius, auctoritate apostolica, qua fruor in hac parte, do vobis licentiam legendi, interpretandi et faciendi medicinam hic et ubique terrarum. In nomine Patris, et Filii, . . . —I, the Chancellor, by the power invested by my apostolic authority that I exercise in these parts, confer on you the faculty to teach, to interpret, and to practice medicine, here and in all countries. In the name of the Father, the Son, . . .

When a physician moved to another city, he had to submit to certain formalities. First of all, the municipal authorities had to grant him permission to settle down, a permission that everybody had to seek, whether he was a physician or not. Then the physician had to present his diplomas to the university of the place and have his privileges renewed. This consisted in the paying of a fee and another disputation, the idea of which was to demonstrate that the candidate not only had degrees but was still conversant in the subject. Endless conflicts resulted if a man did not readily submit to these formalities. History tells of many such cases. Paracelsus in 1527 was invited by the city authorities to practice medicine in Basel and was appointed municipal physician. Being a doctor of the University of Ferrara, he was entitled to lecture at the university but, stubborn as he was, he refused to submit to the required formalities and the result was a permanent hostility of the university toward him, which eventually contributed to his peremptory departure from Basel. Johannes Sambucus, a Hungarian physician, practiced in Vienna without having shown his credentials to the faculty, whereupon the faculty in 1567 denounced him to the city authorities, and he would have been expelled from the city had not the emperor Maximilian II interfered.[9]

In cities where there were no universities the physician was compelled to present his diplomas to the city authorities, usually to the board of health. The fact that many, and among them some of the largest, cities had no universities led to the establishment of special medical organizations, as for instance the Royal College of Physicians in London, which was granted a charter, Sept. 23, 1518. It consisted originally of eight persons, and its purpose was to improve and regulate the exercises of the art of physic. No person except a graduate of Oxford or Cambridge was allowed to practice medicine in England unless he had been examined and approved by the president and three members of this college. This example was followed a century later by Scotland. The fact that irregular practitioners intruded in increasing numbers in Scotland made the need for such an institution strongly felt, and an application was made in 1617 to King James I of England for the establishment of a college, according to which the practitioners of medicine in Scotland should be incorporated into a Royal College of Physicians, which was to appoint seven members to examine all those who intended to practice in Scotland. The exercise of medicine without a diploma of the college was to be made illegal. Although the application was favorably received at the court, the political conditions delayed the founding of the college, but in 1681 a charter was granted to the college. It is interesting to note that the universities, the municipal corporations and even the bishops and archbishops opposed the founding of the college violently, as they considered this an intrusion into their own rights and privileges. While so far the universities had been the only licensing bodies, from then on, in England and Scotland, licenses were granted by medical organizations; i. e., by medical practitioners.

The medieval university was a powerful, well organized body which not only transmitted knowledge but considered it its duty to keep the traditions pure. It was fully aware of its responsibilities, and the license issued by a faculty of medicine was a full guaranty of the adequate knowledge of its bearer. In the centuries following the Renaissance, the universities lost their high standing. They did not follow the trend of the times. They clung to the old traditions. A new medical science developed, and it developed outside the universities, centering its efforts around the new academies. In the Middle Ages most universities were controlled by the church, and this guaranteed equal standards. After the Reformation the conditions were greatly changed. The church lost its grip on many of the universities, and there was a marked tendency toward state interference in university matters. In the seventeenth and eighteenth centuries the standard of the universities became more and more unequal. While some of the universities were still conscientious in delivering degrees, others became lax. A degree of such a university was therefore no longer a guaranty of a graduate's fitness to practice medicine, and the states began to protect themselves by disregarding the academic degree.

LICENSURE IN PRUSSIA

Until 1725, whoever had a master's degree of a medical faculty could practice medicine in Prussia, and whoever had a master's patent of a surgeon's guild could practice surgery. In 1725, however, a bill was passed according to which the master of medicine could not exercise his profession before he had taken a course in anatomy and discussed a casus medico-practicus before the collegium medicum and the medico-chirurgicum, which was a state board of health.[10] The right of licensure was therefore taken from the universities and assumed by the state. New regulations were passed in 1789 and 1791; the candidate was examined "in the most important subjects of medicine." In other words, he now had to take two examinations, one for his doctor's degree at the university and, in addition, one for the license before a state board. After the unification of Germany, the license obtained in one of the states gave the privilege of practicing in all the other states, and it was decided that the state examination should be given by the physicians most competent in the matter; namely, by the university professors of the medical faculties. In this way one avoided submitting the candidates to two examinations, which would be a mere repetition and a waste of time; the doctor's degree was conferred after the candidate had passed his state examination and had submitted an inaugural dissertation. The universities had been reorganized in the

7. Kisch, Guido: Die Prager Universität und die Juden, 1348-1848, mit Beiträgen zur Geschichte des Medizin-Studiums, Mährisch-Ostrau, 1935.

8. Corlieu, A.: L'ancienne Faculté de médecine de Paris, Paris, 1877, p. 72.

9. Bálint-Nagy, Stephen: Der weltberühmte Historicus Johannes Sambucus (1531-1584) als Arzt, Arch. f. Gesch. d. Med. **24**: 156-174 (April 30) 1931.

10. Billroth, Theodor: The Medical Sciences in the German Universities, a Study in the History of Civilization, New York, Macmillan Company, 1924.

beginning of the nineteenth century and had a more or less equal standing, so that the professors could be entrusted with the state examination. After a development of 700 years, one returned to institutions very similar to those which prevailed in southern Italy at the time of Frederick II. The faculties instructed the students according to a curriculum prescribed by the state; they examined the students, and the state controlling the examination issued the licenses. Without a license, no person may call himself a physician. However, in 1869 a bill was passed according to which everybody might perform medical activities without a license, provided he did not call himself a physician—a very fatal regulation, the result of the prevailing liberalistic attitude of the time, for which Rudolf Virchow was largely responsible. It gave quackery a legal status.

LICENSURE IN AUSTRIA

In Austria the development was somewhat different. Until 1749 the license was conferred by the Universities of Vienna and Prague. In 1749 the medical studies were reorganized, the dean lost his authority, and the curriculum and examinations were controlled by a director of studies, who was a state official. The state examination was given by the faculty, but under state control. The same is true for Switzerland today, where a physician representing the state is present at all examinations.

AMERICAN MEDICINE

The facts are well known concerning the development in this country, so that I can be brief. American medicine went in 300 years through all the periods through which European medicine had gone in more than 2,000 years. In the beginnings, here just as in ancient Greece, medical practice was not controlled. Physicians were badly wanted, and whoever was able and willing to help was therefore welcome. There was some quackery, to be sure, but in the early colonial times the number of quacks was undoubtedly not large. In the small cities, where everybody knew everybody else, it was easy to learn who had real medical knowledge and who had not. Physicians were trained the same as hippocratic doctors, by serving an apprenticeship with a physician, and the only diploma was a certificate issued by the physician, testifying as to how long and how successfully the apprentice had served.

Toward the end of the colonial period, and right after the Revolution, the need for a stricter control of medical practice was felt, and, just as in medieval Europe, so in this country was the doctor's degree of a medical school, foreign as well as American, considered a guaranty for adequate medical knowledge. The universities in this country, however, were not numerous. Their purpose in the beginning was not to replace the system of apprenticeship but rather to complete it. Many students could not afford to go abroad, and many entered practice without having studied at any medical school at home. Who was to confer the license on them? Just as the Royal College of Physicians in London and in Edinburgh became very influential licensing bodies, so the medical societies organized in this country in many states became the agencies controlling medical practice and conferring licenses. This was the case in Massachusetts in 1781 and in New Hampshire in the same year. So far, the development had been very sound and the conditions were very similar to those in England. In addition, several states, New York in 1760 and New Jersey in 1772, attempted a state regulation of medicine by appointing boards of examiners.

The tremendous development in the nineteenth century, the opening up of a continent, created entirely new conditions. Physicians were wanted more than ever before, and endless medical schools were founded, many of them with quite insufficient equipment. The licenses conferred by these schools did not mean much. Besides, an institution developed that had no parallel in Europe—the growth of organized and recognized medical sects that paralyzed the efforts of the medical organizations, as well as those of the state boards. At the time of the Civil War, conditions were chaotic; but after the war the readjustment followed rapidly. As the medical schools could not be trusted, the states, or some agencies representing the states, had to take over the control of medical practice. From 1873 on, beginning in Texas, state boards of medical examiners were established, and by 1895 nearly all the states had such an institution. Every one knows what a fundamental part these boards have played in the reorganization of medicine in this country. If America today has a high standard of medical profession and if American medicine is playing an ever-increasing rôle in world medicine, this is not least due to their activities. They were influential in the reform of medical education and succeeded in raising the standards gradually and constantly. The establishment of the National Board of Medical Examiners in 1915 was a further step in this development.

If the conditions in this country are compared with those in Europe, it will be found that they are similar to those which prevailed in most European countries in the beginning of the nineteenth century. The student has to pass two examinations before two different bodies, one for the degree and one for the license. Just as the medical schools of Europe were reorganized in the beginning of the nineteenth century, so they have been from 1893 on in this country. If the development is to follow the general trend, the next phase would be to reentrust the medical schools with the examination of the candidates, whereby the examinations could be controlled by the representatives of the state boards or national board. I know, of course, that the conditions here are different from those in Europe, that the standard of schools is not yet equally high, and that the different states have different problems to face.

CONCLUSION

If I may add a personal remark, it is that I do not believe either in tests or in examinations. They are a necessity, as no better method has yet been found, but it is well known that certain students have a special ability to pass examinations while otherwise brilliant students quite often show strong inhibitions in examinations. It is also known that actual knowledge alone does not make a good physician, that the character and the whole personality have to be taken into consideration very strongly. In order to judge whether a man is fit to practice medicine or not, one must first of all know him and must have observed him at the bedside of the patient. The longer one has known him, the more will one be able to pass judgment on him.

The history of medical licensure begins in the Middle Ages. It is a unique feature in the history of medicine, in that the very beginning, the initial solution of the problem, was so perfect that a development of nearly 800 years could not improve it.

TRENDS IN GRADUATE TEACHING

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It is indeed a bold spirit who would attempt to prophesy the final objective in graduate medical instruction. There are, however, certain evidences of trends or tendencies that may be evaluated at this time. One given to divination is seldom chagrined by his mistaken predictions, and it is reasonably certain that few now here will be present when the final formula is evolved.

In the first decade of the century the majority of men seeking graduate medical instruction were well on into mature life and were seeking to fill the gaps in their medical knowledge. Many were graduates of the hundred medical schools that have ceased to function and the doctor was conscious of two fundamental defects in his training: (*a*) the lack of preliminary educational qualifications and (*b*) the inadequacy of his medical training. To his everlasting credit he had the inspirational value of ambition and the desire to extend his usefulness.

With the restriction of the number of medical schools and the development of adequate standards in undergraduate medical schools, the hospitals have become points for the dissemination of graduate medical instruction.

The defect in medical practice today is the lag between scientific knowledge and its practical application. The advancement in scientific knowledge within a period relatively so short as ten years makes it imperative for every physician to bring his practical knowledge into consonance with the present status of scientific medical knowledge. It should be the duty of graduate medical instruction to shorten this gap, to lessen the time interval between discovery, formulation and the practical application. This lag has been taken up by a number of noteworthy endeavors: (1) the efforts of county or state medical societies to bring postgraduate instruction to the county centers, (2) the traveling clinics, (3) the three-day clinics at centers of population by visiting specialists, (4) by staff meetings of hospitals, (5) by means of medical societies and medical publications, and (6) by graduate instruction in connection with established medical schools. The systematic approach to overcoming this medical gap or hiatus will be largely the obligation of universities conducting schools in graduate medical education.

If the medical schools continue to graduate the same number of physicians each year and there is the same annual death rate, there is a constant and increasing accretion of practitioners; as a corollary there will be a constantly diminishing number of patients per physician throughout the population generally. Paralleling the extraordinary industrialization of this country in the last forty years has been the development of specialism and the idea of pure research. Neither the population, the hospital facilities nor the potential economic return can take the yearly output of graduates in medicine and put them all into the specialties or research. Many graduates will engage in one form or other of public health activity, but there will still remain a major proportion of recent graduates in medicine who must be absorbed into the practice of medicine. The history of all social movements indicates that when the recompense derived from any profession or vocation is on a constantly diminishing scale there is an increasing depreciation in the quality of men entering that profession. It would seem reasonable to anticipate that, when the financial return from the practice of medicine becomes relatively too low and the cost of the undergraduate course in medicine too high, the ranks of medical practitioners will be filled with students who desire to make medicine a business or a trade enterprise. The result will be a constantly increasing hospital load of dispensary or clinic practice.

It would indeed be a bold prophet who would attempt to predicate the status of the hospital situation ten years from today. I believe that at least 60 per cent of the practice of medicine in the well populated states of the Union will be undoubtedly taken care of through dispensaries and clinics. It would seem inevitable that the private and voluntary hospital system will undergo remarkable transformation and that physicians serving in dispensaries will undoubtedly be paid for their attendance.

It may be said that in no country in the world is the level of dispensary medical practice equal to that in America. Generally speaking, the medical service provided by the dispensary system is adequate and effective. A survey of the constantly diminishing mortality statistics of the last thirty years offers conclusive proof on this point.

It is apparent that the voluntary hospital system is in the process of breaking down by reason of the inadequacy of funds derived from philanthropic sources and that many of the hospitals will be salvaged by becoming part of the city, state or governmental system. There will arise from this condition of affairs the necessity for the periodic reeducation of a large number of physicians. This may be accomplished by mandatory attendance for set periods of study at graduate schools near the large centers of medical thought and activity. The key to this type of graduate teaching will be the individual hospital of 350 beds that will be complete in all the major departments. There may arise from these conditions a second major issue whereby the voluntary hospitals will employ all their staff on a salary basis and enter into active competition for the medical business of the community. This potential semicommercial hospital system may have pedagogic qualities of high repute for specialistic teaching but will be inadequate in a broad comprehensive scheme of graduate instruction, as the teachers in such institutions will have had little or no experience with actual practice and will be restricted to the patients that come to the outpatient department or enter the wards of the hospital.

Education, whether it is medical or purely scholastic, has an organic growth and necessarily should have a continuing development. The practice of medicine, except for the full time, paid physicians in institutions and those engaged in research under salary, will have an economic background which will be predicated on the economic conditions that surround the public health and medical problem.

There are sufficient medical educational facilities to take care of the country's population for an indefinite period of time. In most of the states of the Union there is an adequacy of hospital beds to take care of the citizens who require hospitalization, although there may be in certain localities an inadequacy for special conditions, such as beds for patients with tuberculosis.

Read before the Annual Congress on Medical Education, Hospitals and Licensure, Chicago, Feb. 19, 1935.

The educational problem is to integrate every fully equipped and fully manned hospital of from 300 to 400 beds into the medical teaching program.

Graduate medical teaching will necessarily have to consider the relation of medicine and its practice to the programs of social betterment: old age pensions, sickness insurance, physicians under the C. W. A. program, social security, and the like; the increasing number of doctors that will be employed by the various governmental agencies for medical work will tend to bring into the ranks of the salaried physicians the moderately trained type of doctor rather than the individual who is in a sense a much better trained physician. This income bracket group of physicians will constitute a problem for periodic reeducation, and it would appear that the local hospital will be required to take care of this graduate educational problem.

The development of splendid educational facilities in undergraduate schools has not obviated the necessity for graduate medical instruction. The tendency in undergraduate schools will be for a lessening of the number of matriculates rather than for an increase, and it is probable that the fifth year of the undergraduate schools will be materially changed to provide for certain major electives whereby the student may select courses with a wider basic knowledge as a preliminary course to entering a specialty.

Of the eight million dollars derived from endowments and taxes and spent for general education, less than 3 per cent is allocated for graduate medical instruction, and the fact that medical schools spend eleven million dollars a year, with only a third of that sum derived from fees, indicates again the tremendous financial burden that must be assumed for any well qualified extension of the graduate medical system.

It is quite possible that the usefulness of the physician will be greatly increased as a result of a little recognized biologic phenomenon. There are now more "old" people living in the United States than at any former time in its history. The restriction in immigration, a continued decline in the birth rate and an increase in longevity to almost 60 years, or 50 per cent greater than the average expectation of life ninety years ago, means that there has been an increase in the population of persons over 65 years of age of more than 600 per cent in the last fifty years, as contrasted with the rise in the total population of only 146 per cent.[1]

I wonder if many of the profession have thought through to a logical conclusion what will constitute adequate medical education ten or fifteen years from now. Have physicians asked themselves the question What will be the type of professional practice in 1950? It is evident that there are tremendous changes, turnovers and new adaptations taking place in the social, financial, industrial and economic world. With all due regard to liberal tendencies, and divorcing research and pure science from the domain of the ordinary practitioner of medicine, there is behind every physician an economic problem. It seems to me that the trend is quite definitely toward specialism. More and more young men are entering the surgical specialties. There is no gainsaying the fact that the mechanical arts of the surgical specialties are more highly remunerative than the less dramatic services of internal medicine. This trend is being accelerated by the various certification boards and the establishment for listing as a specialist by a "dead line" in 1938.

It is axiomatic that the best interests of the community are served in making better doctors, and the essential problem of graduate medical teaching is the practical application of scientific instruction to the individual needs of the physician. Into this problem enter three factors: (1) the character of the teacher (2) the clinical facilities for teaching, and (3) the time that is necessary for comprehensive training and instruction. There is "an increasing trend in medical education toward the production of an ultrascientific, coldly rationalistic individual who approaches a medical problem with an inflexible program of scientific procedures, whose perspective of a sick human being sees only a mechanistic derangement and who lacks development of the human and social concept of his rôle." [2]

Training is distinctly a middle course and on a lower intellectual level than personal individual mental development. Any plan of graduate medical instruction must provide time for thinking and individual research, if possible. A graduate student will be a significant failure if trained only in medical practice. There must be inculcated into his mental equipment the desire and ability to think in a clinical sense. The establishment of a complete resident system in larger hospitals where clinical material is adequate for repetitive and day after day teaching will do much to prepare the ground for that large class of young men who have had a general rotating hospital service and who have the ambition and the means to engage themselves for an additional period of intensive study of two or three years' duration. This period of residence or fellowship should carry with it a small remuneration or stipend and on demonstration of proved effectiveness should entitle the candidate to a special medical degree. This course for a special degree in graduate studies must be very definitely self limited. It should be the object of graduate schools to finish with the hospital and specialistic teaching before the individual has passed 30 years of age. Any extension of a teaching curriculum beyond 30 years of age will in the long run be detrimental to the community, as there is inherent in such long application a negation of the responsibilities of the citizenship and the development of a decidedly antisocial quality in celibacy.

The preparation of the specialist will undoubtedly demand an ample basic medical education, with a properly supervised internship, and with emphasis on advanced specialistic training in the cognate branches of the specialty. A minimum of three years will probably be necessary, together with an augmentation of clinical experience by full time residency in a large general hospital or in a large special hospital.

It is apparent that no extension of the basic graduate studies can supply the mental qualities that come from reflection, experience and clinical contacts. It should therefore be the purpose of all medical educators to complete all graduate studies at the earliest possible time so that the candidate may enter on his own personal clinical contacts before the drudgery of a too prolonged fellowship course deprives him of the flair of personal initiative.

As to the research problem, it is more than probable that research work will remain in the hands of special foundations or institutions endowed for that purpose,

1. New York Herald Tribune, Oct. 30, 1934.

2. Bowler, J. P.: Medical Education and Research, Proc. Staff Meet., Mayo Clin. 9:730 (Nov. 28) 1934.

together with such research work as may be accomplished in the undergraduate schools. However, in the training of practitioners the most important desideratum is scientific observation. The ability to observe and record accurately, uninfluenced by personal psychologic factors, is very difficult to obtain. For the development of the scientific spirit, which means precision, accuracy of observation and succinct, clear-cut, inductive reasoning, there is no training quite so thorough as the application of one's time and ability to a concrete problem in research. However, relatively few men seeking postgraduate instruction can take this kind of work, either from lack of time, inadequate preliminary education, or the absence of the right spirit or many other undetermined factors.[3]

Medical graduates seeking instruction will necessarily be varied but may be classified as follows: 1. The recent graduate or hospital intern wishing instruction of a general character and desiring a continuous and advanced form of technic of graduate teaching. 2. The physician desiring to enter a specialty either from general practice or from a general rotating internship. 3. The physician desiring to engage in research work. 4. The physician who can justly claim to be a specialist and who desires more intensive training in some particular phase of his own specialty. 5. The physician already in general practice who desires to renew or keep abreast of the latest scientific advances in medicine. 6. The physician who desires to make good some of his professional deficiencies that have been revealed in his medical practice. This group of physicians is apt to be made up of men doing general practice in communities of from 50,000 to 100,000 and who of necessity must engage in some degree in a type of practice that in larger cities is handled by specialists. 7. A large group of practitioners who live within commuting distance of graduate institutions and who desire to "refresh" their medical information by a day's, a week's or a month's intensive course in some particular phase of medicine. 8. The recent resident or intern who desires to proceed for a higher medical degree, such as doctor of medical science.[3]

One of the most interesting questions in medical pedagogy—What shall constitute the proper relationship between clinical and laboratory work?—is constantly recurring and engaging the attention of medical educators. With the ever increasing tendency toward specialism, certain functions formerly considered within the domain of clinical medicine are performed by separate departments with individual executive officers. An excellent example of this scheme of division of labor is to be found in the marvelous organization and development of the laboratory courses of study. So marked has this tendency toward specialistic training become that in many clinical laboratories is found an overaccentuation of the laboratory idea with a corresponding diminution, even to the point of extinction, of the clinical phases. This condition brings with it certain particular evils, and, although it is true that there are certain definite benefits to be derived from such an accurate division of labor, the main objection is that the evils far outweigh the supposed benefits. A consideration of the problem in its main features would suggest that the proper course is one midway between the two divergent ideas. A happy medium would be arrived at when the laboratory would exist in an associated position and when laboratory information is coordinated with the clinical aspects of disease.

The old fashioned, so-called practical physician with little real scientific training is a heritage of obsolete conditions. The present-day demand is for real scientific training and the concrete application of the principles and knowledge of chemistry, physiology, bacteriology and pathology to the conditions of everyday medical practice. It is not necessary to obtain a theoretical and practical knowledge in all the laboratory subjects, nor would the time be well spent; for it would require from five to ten years to obtain such an abundant knowledge. The problem is rather for a moderate knowledge, thoroughly mastered and tested by actual practice.

With the rapid progress medicine is making today the student must make up his mind to pick out from time to time such new phases of medical knowledge as have established for themselves a definite place in everyday practice. The newer aspects of metabolism, endocrinology, serology, x-ray interpretation and roentgen therapy present such functional importance that the alert physician must obtain a thorough, broad understanding of the subject. Therefore, any comprehensive plan of study will require sufficient laboratory work to make the student conversant with the fundamental knowledge necessary for efficient scientific, practical work. This will embrace a knowledge of bacteriology, of chemistry, of the various phenomena of metabolism, of blood chemistry, of the newer aspects of diabetes and nephritis and the like. In pathology, of the various effects of chronic focal infection, of degenerative process from chronic intoxication. In therapeutics, of the use of some of the synthetic remedies and the latest teachings of pharmacology. In technic, of the application of modern diagnostic procedures, of spinal puncture, of intraspinal and intravenous therapy, and an experience in the diagnostic aid of special instruments, such as the ophthalmoscope, the endoscope and the cystoscope.

The undergraduate medical school and the changed relationships in the hospital situation will largely predetermine activities in graduate medical instruction. Pure research probably will be eliminated from undergraduate medical activities, and the function of the faculty in the undergraduate medical schools, so far as research is concerned, will be to select those students who from natural ability and aptitude exhibit qualities that will be valuable in a research program. Pure scientific medical research should be reserved for graduate time. Certain hospitals will undoubtedly devote their clinical material to a complete and integrated system of medical fellowships and resident positions in the special division of medicine. The number of such resident positions will after all be limited, for only a hospital with large bed and clinic facilities can possibly transform itself into an institution for the development of specialists. It will require anywhere from three to five years, added to the undergraduate course in medicine, for an institution to certify to the competence of an individual in a given specialty. The teaching of specialists will of necessity be confined to large cities and their large hospitals.

There follow logically from these premises three distinctive trends in graduate medical education: (1) a research fellowship in pure science, (2) a continuous

3. Bulletin of the New York Post-Graduate Medical School and Hospital.

and periodic reeducation of the great bulk of practitioners serving in dispensaries and clinics, and (3) the training of specialists.

In the background of any discussion of education, be it medicine or otherwise, is one fact that cannot be forgotten, and that fact can be tersely expressed in the words "education costs money." Whether the encroachments of the state into the field of medical service and medical education will fully meet or satisfy the demands that private philanthropy has taken care of is a question that only the future can answer. The problem of medical service to the community, so far as the quality of the service is concerned, is largely in the hands of medical schools and voluntary hospitals. Failure of the legislators to recognize the preeminent technical ability of these custodians of medical education will invariably bring about a depreciation in the quality of medical service.

Scientific advancement in medical education, in a personal sense, will rest on the ability (1) to observe, (2) to correlate repeated clinical observations and, ultimately, (3) to generalize on these facts. If true science is the power of performance, then a means should be encouraged that will place the prospective student in contact with great clinicians. "There is no substitute for the master clinician in the clinical fields of instruction." [4]

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REPORT OF THE COUNCIL ON MEDICAL EDUCATION AND HOSPITALS

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All education is undergoing a searching scrutiny. Costs, objectives and methods are being questioned. Procedures that have been taken for granted are now being reviewed, changed and even discarded. There has been much rank growth, producing less fruit than is possible and stifling new shoots with its shade.

There is a general idea that neither expenditures nor energy in the training and education of youth can be wisely reduced but that better results must be made and needless waste of funds and of time must be cut out. More interest is being taken in the student and his capacities and needs, and less in maintaining traditions or the sanctity of time-honored processes sustained through the ease with which human habits are established. More is being thought of the relation of education to the kind of civilization that exists or that it is hoped will exist.

The profession of medicine requires new recruits each year who are better trained than those of the past. There must be a steady advance of medical education in pace with the constant progress of research. It has become as vital for the medical curriculum to be purged of its obsolescent and less significant parts as it is to add the new discoveries and new methods. In September 1933 the Council on Medical Education and Hospitals recognized the necessity of a restudy of medical education and decided on a reinspection and reclassification of the medical schools of the country.

Dec. 10, 1933, a joint meeting of the Council with the Executive Council of the Association of American Medical Colleges was held in New York, at which it was agreed that the Council on Medical Education and Hospitals should undertake a comprehensive study of medical education with the cooperation of the Association of American Medical Colleges and the Federation of State Medical Boards.

Feb. 16, 1934, $24,000 was appropriated for the survey by the Board of Trustees of the American Medical Association, and in September Dr. Herman G. Weiskotten began the personal inspection of some of the schools. The methods used are as follows:

1. Questionnaires, covering the organization, policy and resources of the school, the program of each department and the personal history of each member of the faculty in the upper grades, are sent to medical schools about one month in advance of the projected visit. The purpose of these questionnaires is twofold: First, to secure definite and authoritative information from those responsible for the conduct of the school and the carrying out of its teaching program and, secondly, to stimulate officers and faculties to analyze their own problems and evaluate their methods.

2. Personal visits are made to the school for the purpose of verifying and amplifying the information contained in the questionnaires, and especially for the purpose of gaining much information that could not be covered by general questions. Each school has certain problems and situations that are peculiarly its own. Furthermore, in regard to matters of a confidential nature, information can be obtained in an interview which could not be transmitted in writing.

It is the policy of the Council to employ two inspectors in each visit in order to eliminate as far as possible the personal equation and to secure well balanced and dependable reports. Also, in case of doubt, facts can be more readily established by two witnesses.

In addition to the class A medical schools of the United States, Canadian schools have voluntarily requested that they be included in this study.

At the meeting of the Council held Oct. 27, 1934, it was decided to include in the survey the unrecognized medical schools in this country, questionnaires being sent in exactly the same manner as to all other medical schools.

To date the following schools have been visited:

Dartmouth Medical School
Harvard University Medical School
Boston University School of Medicine
Tufts College Medical School
Yale University School of Medicine
University of Buffalo School of Medicine
University of Louisville School of Medicine
University of Cincinnati College of Medicine
Indiana University School of Medicine
Ohio State University College of Medicine
Western Reserve University School of Medicine
University of Pittsburgh School of Medicine
West Virginia University School of Medicine
Columbia University College of Physicians and Surgeons
Cornell University Medical College
New York University, University and Bellevue Hospital Medical College
New York Homeopathic Medical College and Flower Hospital
Long Island College of Medicine
University of Pennsylvania School of Medicine
Jefferson Medical College of Philadelphia
Temple University School of Medicine
Woman's Medical College of Pennsylvania

4. Rappleye, W. C.: Report of the Commission on Medical Education. Read before the Annual Congress on Medical Education, Hospitals and Licensure, Chicago, Feb. 18, 1935.

Hahnemann Medical College and Hospital of Philadelphia
Johns Hopkins University School of Medicine
University of Maryland School of Medicine and College of Physicians and Surgeons
George Washington University School of Medicine
Howard University College of Medicine
Georgetown University School of Medicine

From the studies thus far conducted it is apparent that some schools are accepting more students than the circumstances justify. In some instances physical or clinical facilities are inadequate, and in some instances many students are admitted whose academic records are poor.

THE SITUATION IN VARIOUS DEPARTMENTS

Psychiatry.—Few schools, if any, have reached the level in the teaching of psychiatry recommended by the National Committee for Mental Hygiene. Dr. Ebaugh of that committee, in his paper before the Association of American Medical Colleges, at Nashville in October 1934, reported recent improvement in more than a score of medical schools in this respect. Many schools, however, still rely on the old-fashioned method of taking senior students to a state hospital for a three ring circus with human performers. The training of students in an understanding of the mental factors that may be present in the ordinary run of medical cases has not as yet progressed very far. It will take courage and fresh attacks on the problem to make the mental state of patients as significant to the medical student as physical phenomena.

Public Health.—Dr. Osler used to say that, when a score of remedies are used for one disease, it is likely that none of them have much value. A wide variation in the methods employed for the teaching of what is called public health would seem to indicate that this part of the medical curriculum is still in an experimental stage. Some schools lay great stress on the functions of the public health official. This would seem to me a specialty that should be reserved for graduate study. Some schools stress what they call the preventive aspects of general medicine and surgery; but actual accomplishment along this line is still disappointing and will continue so until public health teaching of the prospective physician becomes a substantial part of the medical course. More support for public health teaching in the medical school is needed if full advantage of known facts is to be given the public.

Obstetrics.—The report of the Committee on Maternal Mortality of the New York Academy of Medicine, released about a year ago, severely arraigned the teaching of obstetrics in medical schools. Many of the conclusions of that committee rest on false or insecure premises; but the studies so far made by the Council do indicate that in some schools the training in obstetrics is definitely inadequate. In some cases the teaching is almost exclusively didactic, and clinical experience falls far short of the standards set by the Council. In other instances, the students may participate in a fair number of deliveries but without adequate supervision or any supervision at all.

So far, the inspections have shown a remarkable strength in the basic sciences and main clinical departments of most schools. One may well be proud of the results of thirty years of the combined efforts of physicians, educators and laymen, together with foundations, universities and hospitals. But the Council's pride in achievement should stimulate it to work for fully rounded results in all schools in all parts of the country.

SPECIAL EXAMINING BOARDS

During the year the Council has been studying the relationships of the specialties to special examining boards. Certain parts of these relationships will require study and careful analysis before final plans are adopted. The boards have been set up or are being organized by leaders and leading organizations in the specialties. The Council, representing the general profession, has certain responsibilities to the profession and to the public that demand a decisive part in any special recognition given to specialists. It has to be on guard to see that there is free access by all properly equipped and trained men and women to the specialties. There is always danger of "shut-out" organizations developing, similar to fraternities and some of the present national societies of specialists. Those who have arrived are often human enough to set up unfair and even personal obstacles to prevent competitors from getting in. The Council on Medical Education and Hospitals of the American Medical Association must take a fair attitude to all and an uncompromising attitude against either favoritism or prejudice.

Some of the difficulties now being encountered are:

1. Most of these special boards have adopted the statement that the applicant must be "a graduate of a medical school which is satisfactory to the board."

Since it is known how difficult it is for the Council to make an appraisal of medical schools, it must be evident that these special boards have no satisfactory means of knowing the character of the medical school except by relying on the Council's published list. If so, why not accept the fact and require graduation from a medical school approved by the Council?

2. Some of these boards require the candidate to have limited his practice and to indicate that he intends to continue to limit his practice to the special field involved.

It seems to me that such a requirement may operate to the detriment of the specialty concerned. Suppose that a well trained man, in radiology for example, should desire to locate in a city of 50,000. For the first two or three years he might find it quite impossible to maintain himself in a practice limited to radiology, and during these introductory years he might desire to do a little general practice just to keep the pot boiling. It is almost certain that a well trained man would prefer to restrict himself to radiology just as soon as it would be economically feasible; to enforce the limitation might prevent, in the case cited, a well trained man from locating in such a town.

3. This limitation is particularly difficult with respect to obstetrics and gynecology. From a physiologic point of view, these specialties deal with the female reproductive system; but in surgical practice an arbitrary line cannot be drawn between the reproductive organs and other contents of the abdominal cavity. These special boards should face the facts and should not ensnare the medical profession in a web of fine spun theory.

4. The procedure of refusing a certificate or examination should be modified. One of the present boards requires its candidates to sign a waiver of rights. Should the council not require that, whenever an applicant is refused a certificate or admission to the examination, the board should allow the rejected candidate some recourse.

EFFECT OF MOCCASIN SNAKE VENOM (ANCISTRODON PISCIVORUS) IN HEMORRHAGIC CONDITIONS

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This report concerns the control of various types of bleeding by means of subcutaneous injections of a snake venom. In our experience this method has proved superior to the other forms of treatment commonly employed in cases characterized by a hemorrhagic tendency other than hemophilia or thrombocytopenic purpura haemorrhagica.

In 1928, Shwartzman [1] described a phenomenon of skin reactivity (local hemorrhagic necrosis) to bacterial filtrates, which was produced when intradermal injections of these filtrates were followed at a suitable interval by intravenous injections. In 1930, one of us (S. M. P.) attempted, unsuccessfully, to produce the Shwartzman phenomenon with fungous extracts and then to render the reaction site more sensitive to the hypothetical toxic substances in fungous cultures by previous local injections of a vascular poison, snake venom. This proved unsuccessful. In the course of experiments [2] it was found that, if a period of from fourteen days to one month was allowed to elapse after the injection of rabbits with snake venom, a large number of the animals became refractory to the Shwartzman phenomenon. Since no circulating antibodies could be demonstrated to explain the refractory state and since antivenin had no effect on the course of the Shwartzman phenomenon, and since this refractory state was not passively transferable, it was concluded that the induced refractory state was due to some change in the vessel walls or to some effect on the clotting factors of the blood. With this possibility in mind, various hemorrhagic conditions were treated with snake venom.[3]

It was noted that only certain venoms were capable of producing a refractory state to the Shwartzman phenomenon.[2] Moccasin venom was particularly effective in this respect, and individual venoms of the moccasin snake varied in their content of the factor that was responsible for the production of this refractory state.

Antivenin has been reported to act successfully in purpura haemorrhagica.[4] These cases, however, are too few to form a basis for evaluating the efficacy of this form of treatment. In two cases of thrombocytopenic purpura this form of treatment was not successful in our hands. Neither was it possible, experimentally, to prevent the Shwartzman phenomenon or to influence it in any way by previous injections of very large amounts of antivenin.

From the Medical Department and Laboratories, Mount Sinai Hospital.

1. Shwartzman, Gregory: Studies on Bacillus Typhosus Toxic Substances: I. Phenomenon of Local Skin Reactivity to B. Typhosus Culture Filtrate, J. Exper. Med. 48: 247 (Dec.) 1928.

2. Peck, S. M., and Sobotka, Harry: Production of a Refractory State as Concerns the Shwartzman Phenomenon by the Injection of Venom of the Moccasin Snake (Ancistrodon Piscivorus), J. Exper. Med. 54: 407 (Sept. 1) 1931.

3. Peck, S. M.: Attempts at Treatment of Hemorrhagic Diathesis by Injection of Snake Venom, Proc. Soc. Exper. Biol. & Med. 29: 579 (Feb.) 1932.

4. Stockton, M. R., and Franklin, G. C. H.: Antivenin Therapeusis in Purpura: J. A. M. A. 96: 677 (Feb. 28) 1931.

MODE OF ADMINISTRATION

Moccasin venom was used in all the cases. It was prepared in ampule form as a 1:3,000 solution (physiologic solution of sodium chloride), with sodium merthiolate 1:10,000 added as a preservative. When the venom was first used it was injected intradermally. A maximum of 0.4 cc. was given. During the past year, however, it has been given subcutaneously because the injections were less painful, and the clinical results remained the same.

Dosage for Adults.—The initial injection in patients over 10 years of age was 0.4 cc., given subcutaneously. The amount was then rapidly increased in subsequent injections to 0.8 or 1 cc. as a maximum dose. The injections were given in the arm or the thigh. It was found inadvisable to give successive injections in the same arm or leg. In the majority of cases the injections were given twice a week. If there were marked bleeding symptoms the interval between injections was decreased so that they were given every third day. In several instances it has been given oftener. It was found advisable to continue the treatment twice a week for two or three months. Then, if the patient was responding to the treatment, the interval between injections was increased so that they were given once a week for a month or two. The patient's maintenance dosage was then determined according to the hemorrhagic symptoms. In certain cases, three or four months of treatment was sufficient. In other cases, an injection every two weeks or once a month was enough to keep the patient relatively free from hemorrhage. If, after cessation of treatment or a prolonged interval between injections, bleeding tended to recur, it was usually controlled by more frequent injections.

Dosage for Children.—The same principle applies to children, except that the minimum dose is 0.2 cc., and the maximum dose 0.6 cc. This amount has been given without any ill effects to infants 1 year of age.

REACTION TO INJECTIONS OF VENOM

Usual Reactions.—In the group reported in this paper, especially in patients having a positive tourniquet test, an ecchymosis was usually observed to form at the site of injection in from half an hour to twenty-four hours. The ecchymotic area varied greatly in intensity and size. It was rare to have any local hemorrhagic reaction in the normal individual after injections of venom with a concentration of 1:3,000. After a number of injections the tendency to form ecchymosis disappeared, which was an indication of a therapeutic response. After cessation of treatment with a recurrence of purpuric symptoms, there was often a recurrence of the ecchymotic reaction to venom. In one of our cases in which there was no therapeutic response (thrombocytopenic purpura), the patient never lost the ecchymotic reaction to venom even after one year of treatment.

Reaction of Hypersensitivity.—Most of the patients developed a reaction of hypersensitivity to the snake venom at the fourth or fifth injection from ten to fourteen days after the beginning of the treatment. The reaction was characterized by the formation of a hot tender swelling at the injection site, varying from a few centimeters to 10 cm. in diameter. This swelling appeared from a few minutes to ten hours after the injection and usually persisted for forty-eight hours. A generalized reaction was not observed.

DESENSITIZATION

In nearly all the cases desensitization was accomplished and no general reaction was encountered in the process of desensitization. To accomplish desensitization two methods, previously reported, were used. The first and more simple procedure was attempted in the presence of marked bleeding symptoms and the second when the first failed or when the local reactions were too severe. With the first method the injection after the reaction of hypersensitivity was decreased to 0.05 cc. of the 1:3,000 solution. This usually caused a swelling but unless it was very large it was disregarded, and subsequent injections were increased in amount, very cautiously, until the required dosage was reached. Occasionally the reactions were too severe or desensitization could not be accomplished; the second method was then indicated. The following series of injections, given twice a week, was found very satisfactory: 0.1 cc. of 1:10,000, 0.4 cc. of 1:10,000, 0.2 cc. of 1:6,000, 0.4 cc. of 1:6,000, 0.1 cc. of 1:3,000, 0.4 cc. of 1:3,000, and so on. Injections were continued even though some of the doses caused a local reaction. In a very few instances the initial dilution had to be decreased, below the 1:10,000 strength. In the great majority of the cases the first method proved efficacious and saved a great deal of time.

It must be remembered that, when sensitivity develops and the dosage is decreased, the hemorrhagic symptoms usually tend to recur. It is therefore essential for the period of desensitization to be as brief as possible, which is another advantage of the first method. An important point is that in cases with marked bleeding symptoms enough venom must be given in the first ten days, before sensitization develops, to tide the patient over the period of desensitization.

EFFECT OF THE ADMINISTRATION OF SNAKE VENOM IN VARIOUS HEMORRHAGIC CONDITIONS

The patients under treatment could be divided into two main groups. In the first group the hemorrhagic symptoms were not the result of a demonstrable hematologic condition. Many were diagnosed as functional bleeding for lack of a better term. The hemorrhage was due to some local cause, possibly vascular, or as a result of some obscure endocrine disturbance, especially in women. The second group presented definite changes in the blood which were responsible for the hemorrhagic state, as in hemophilia, thrombocytopenic purpura, and sprue.

A. *Cases Without Blood Changes.*—1. Idiopathic Nasal Bleeding and Bronchiectasis with Hemoptysis:

CASE 1.—C. G., aged 3 years, had been bleeding from the lips and gums for a number of months. A sister had a tendency to bleed. There was a slight secondary anemia, the platelets numbering 190,000. After four injections of 0.6 cc. of snake venom given twice a week, the bleeding stopped.

CASE 2.—C. H., a girl, aged 10 years, had a history of nasal bleeding, especially on slight trauma. When a tooth was extracted during the period of observation, she bled for two hours. The blood count, bleeding time and coagulation time were normal. Venom was given twice a week, beginning Feb. 27, 1933. There have been no nasal hemorrhages since the first few injections.

CASE 3.—H. D., a boy, aged 7 years, had been bleeding from the nose and mouth for four years about three times a week. His oldest brother used to bleed from the nose. Examination of the blood was negative. The patient was treated twice a week from Sept. 2, 1932, until March 4, 1933. Through September there was practically no bleeding. In October he became sensitized. The injections were continued and desensitization was accomplished. There was no nasal bleeding during October and November. He was then told to stay away for two weeks and at the end of that time he had a small nasal hemorrhage. Injections were given once a week and the bleeding stopped. An acute rhinitis caused bleeding a few times; when this subsided, injections were given once every two weeks. There has been no bleeding in the past five months.

CASE 4.—Dr. J., aged 28, had had epistaxis off and on for a number of years. Two weeks before injections were given there were daily hemorrhages. Four injections were given. Bleeding stopped after the first injection and there has been no recurrence for eight months.

CASE 5.—R. B., aged 17, had had frequent and prolonged nasal bleeding for the last six months. Two weeks before treatment was started the patient suffered daily nasal hemorrhages. Treatment was begun, Feb. 19, 1932; injections were made once a week for two months. After the first injection bleeding stopped, and there has been no recurrence for one year.

CASE 6.—J. B., a man, aged 35, had hemoptysis, which had begun fourteen years before. Bleeding occurred once a week or oftener. Usually the patient coughed up about an ounce of blood. Several years after the onset he contracted pneumonia, which was followed by profuse sputum and increased hemoptysis. After a very profuse hemorrhage in April 1930 he was admitted to the Mount Sinai Hospital. The bronchoscopy was negative and the injection of iodized poppy-seed oil showed a few small saccular dilatations in the right upper bronchus. Pneumothorax and phrenicectomy helped for a while. The cause of the hemoptysis was thought to be either a varix of the mucous membranes or a broncholith with ulceration. Since May 1932, bleeding has recurred as much as half a cupful a day. Then it subsided somewhat, but since February 1933 bleeding had almost reached its former severity. It was then decided to treat the patient with injections of snake venom, which was started, Feb. 20, 1933, twice a week. On March 14, 1933, the patient was sensitized and then desensitized. There was no appreciable effect until March 17, when he reported not only that there was less bleeding but that the interval between hemorrhages became lengthened. Injections were continued twice a week. No large hemorrhages have occurred. The patient still coughs up some blood-tinged sputum.

CASE 7.—A. H., aged 13 years, admitted to Mount Sinai Hospital, March 30, 1933, complained of attacks of profuse hemoptysis. Tonsillectomy, performed seven years previously, was followed by severe hemorrhages. Two weeks later a cough developed, which continued for five years. Two years later another tonsillectomy was done; this was followed by a cough, accompanied by profuse and foul sputum. Roentgenograms of the chest after the injection of iodized oil showed bronchiectases of the lower left bronchus. Treatment with snake venom was begun in April. There have been no attacks of hemoptysis since the first injection, but the patient still coughs up considerable sputum daily. The treatment was first given twice a week and later once a week.

The effect of snake venom injections was striking in seven cases characterized by persistent nasal hemorrhages and occasional bleeding from the lips and the gums, and in two cases of bronchiectasis with persistent hemoptysis. These patients at first were treated with snake venom twice a week and later once a week. In some instances bleeding did not recur after the first few injections. In most of the cases the bleeding did not recur for months after the treatment was discontinued.

2. Functional Uterine Bleeding: The following seven cases were characterized by excessive menstrual periods with no apparent organic abnormalities:

CASE 8.—R. A., a woman, aged 28, had secondary anemia—hemoglobin, 68 per cent. The patient had profuse menstrual periods that lasted seven days. Treatment was begun Feb. 6, 1933, and was given twice a week. The next period lasted five days. The patient was sensitized, March 20, and desensitized by April 1. The treatment was continued twice a week. Subsequent periods were shortened, with little bleeding.

Case 9.—G. S., a woman, aged 46, had had very profuse and prolonged periods for the last six months. A secondary anemia developed with hemoglobin 44 per cent. Treatment, begun Jan. 9, 1933, was given twice a week. The period in January lasted sixteen days. The injections were continued. The next period lasted sixteen days but was not very profuse. Subsequent periods have been short and moderate, but the anemia has persisted.

Case 10.—H. Y., had had profuse menstrual periods for two years. She had had transfusions and curettages. There was a secondary anemia with hemoglobin 68 per cent. Treatment was begun Feb. 15, 1932, and was given twice a week. The period in February lasted nine days, somewhat less profuse than usual. The March period lasted five days and was profuse only for one day. She was sensitized and desensitized in March. The April period lasted five days and was moderate. She received injections once a week. Hemoglobin was 76 per cent. The May period was very short and very moderate. She stayed away from the clinic for over a month and in June the period lasted nine days and was very profuse, but the hemoglobin was 80 per cent. She then came regularly once a week, and the periods in July, August and September were short and moderate. She was given treatment about once a week until December, and her periods have remained short and moderate until August 1933.

Case 11.—R. B., a woman, aged 45, had a submucous fibroid and secondary anemia, with hemoglobin 70 per cent. Her periods were regular but very profuse. Treatments, begun Feb. 1, 1932, were given twice a week in small doses. The following three periods were decreased. Starting February 11 she was treated once a week. She was sensitized and desensitized. Hemoglobin at the end of March was 90 per cent. The period in March lasted five days and was profuse. Treatment was then given twice a week. The period in April was short and moderate. During the ensuing months she was treated once a week and the periods from June to December were moderate. She received no treatment from January to June 1933. The menstrual periods remained short and moderate. She returned because the June period was more profuse. Snake venom injections were given once a week, and the July period was less profuse than the previous one but not as short as before. The August period was again short and moderate.

Case 12.—S. H., a woman, aged 34, complained of menorrhagia. Every three weeks she had periods which lasted from five to six days and were very profuse. Treatment, twice a week, was begun Feb. 6, 1932. The hemoglobin was 75 per cent; the platelets numbered 150,000. There was marked ecchymosis from the injections. The period starting March 11 lasted five days with very little flow. The patient did not return until June. She reported that the periods had been short and moderate. Beginning June 18, she was treated once a week. The period in June before the treatment was again six days but moderate. The period in July was very moderate, lasting four days. The injections were discontinued. The August period lasted one day, the September period one day and the October period two days. Hemoglobin was 82 per cent. The November period was quite profuse and lasted three days. One injection was given, November 21. The period in December lasted three days but was moderate in flow. In January, two injections of 0.8 cc. were given and the period lasted three days and was moderate. Subsequent treatment given once a month and periods up to the present time are regular, of three days' duration and very moderate.

Case 13.—Mrs. H., aged 42, had had irregular menstrual periods for six months and very profuse periods for three months. Treatment, once a week, was begun, February 10. The patient was sensitized after the third injection and desensitized quickly. She had been bleeding for six days when treatment was instituted. The bleeding stopped in five days. The next period lasted five days, with a moderate flow. The treatment was continued once a week. There was no period in April. The period in May lasted five days and was very moderate.

Case 14.—F. G., a woman, aged 35, had had profuse menstrual bleeding for the last six months. The period in March, before treatment was started, lasted almost three weeks. Examination of the blood was negative. Treatment was instituted, March 27, 1933, and continued twice a week. She was still bleeding at the beginning of the treatment but stopped four days after the first injection of snake venom. She was sensitized and desensitized. The period in April was five days and was moderate. Treatment was continued twice a week. The periods from May to August lasted three days and were moderate. She is still under treatment once a week.

In some of these severe cases with intractable uterine bleeding, other forms of treatment, such as numerous curettages, serum, calcium injections and blood transfusions, had proved unsuccessful. The best results were obtained with snake venom. This form of treatment must be used over a rather long period. In some of the cases there was a recurrence after the treatment was discontinued. The bleeding could be controlled, however, by further injections. In some patients a severe anemia was present before the treatment was started, and there were signs of improvement only after the bleeding was controlled. It may be sufficient after the periods have been normal for some time to give further injections just before the expected period. A series of such cases has been previously reported.[5]

3. Toxic, Anaphylactic or Endocrinal Purpura:

Case 15.—R. G., aged 43, had for several years had asthma and attacks of purpuric spots on the arms, legs and chest. Her menstrual periods lasted five days and were quite profuse. Oct. 28, 1932, the hemoglobin was 90 per cent and all other blood counts, including platelets, were within normal limits. Venom was given twice a week. The patient became sensitive by November 15 but was not treated until December 19 because of marked sensitivity, and then she was treated once a week. She was desensitized by Jan. 16, 1933. Her menstrual periods then lasted about three days, and there was very little flow. The purpura gradually disappeared. The injections were continued irregularly once a week and once every two weeks. No purpuric spots have appeared since February 1933.

Case 16.—F. B., a woman, aged 52, had had recurrent ecchymoses around the elbows for several years. The blood picture was normal except for a clotting time of forty minutes. Injections were given from Dec. 12, 1932, to April 3, 1933, twice a week through January and once a week through February and March. There have been no purpuric spots or ecchymoses since the end of February. The effect was noted after a few injections were given. The ecchymoses became less frequent.

Case 17.—T. W., a woman, aged 54, had had black and blue spots on the skin for three months, increasing in frequency and number. The blood count was normal. Treatment was begun, Sept. 2, 1932, and was given twice a week for several months and then once a week. The ecchymotic spots became less frequent but the patient was sensitized at that time and the dosage was decreased. She was then desensitized and through October and November received one injection a week of 0.8 cc. and had practically no recurrence from December 1932 until July 1933.

Case 18.—F. N., a woman, aged 53, had simple achlorhydric anemia. The hemoglobin was 74 per cent before treatment with snake venom was begun. Her last period had been three years before. In the last few months many painful hemorrhagic spots appeared on the skin. Since June 3, 1932, she received snake venom injections twice a week. She became sensitized, June 17. In spite of small amounts of injections given for desensitization no new hemorrhagic spots were seen from June 15, 1932, until the last examination, in May 1933. Treatment was continued through July once a week and through September and October once a week. It was then discontinued.

Case 19.—H. W., a woman, aged 38, had a secondary anemia but otherwise the blood picture was normal. There had been hemorrhages of the skin for several years. She had been

5. Peck, S. M., and Goldberger, M. A.: The Treatment of Uterine Bleeding with Snake Venom, Am. J. Obst. & Gynec. 25:887 (June) 1933.

treated since Feb. 15, 1932. Six weeks after injections were begun, ecchymosis developed at the injection site. She was treated twice a week for five months and after that once a week irregularly. At the last examination, April 7, 1933, she was still getting purpuric spots on the arms and legs. So far, there has been no response to the venom.

CASE 20.—S. J., a woman, aged 30, with Schönlein-Henoch's purpura, had had recurrent purpura, hematuria and a history of prolonged and profuse menstrual periods. Treatment was begun in the early part of 1932, twice a week. The patient was sensitized and desensitized. The first period after she had received treatment for several weeks was shorter and less profuse; hematuria disappeared and she was almost free from purpuric symptoms. The treatment was continued for six months. It had to be given for a number of months before striking improvement was noted.

CASE 21.—I. S., a boy, aged 12, with Schönlein-Henoch's purpura had had persistent recurrent purpuric spots on the arms and legs accompanied with pain and swelling of joints, occasional nosebleeds, intestinal colic and passage of blood. At the time treatment was started (March 1933) the symptoms had been approximately of six weeks' duration. By March 27 the patient was sensitized and desensitized. From then on he was treated once a week. Definite continuous improvement followed. The nosebleeds and hematuria have disappeared but occasional purpuric eruptions occur around the ankles. The treatment is now given once every two weeks and the only symptom that remains is the appearance of an occasional purpuric eruption around the ankles.

CASE 22.—A. F., a man, aged 60, had recurrent hemorrhagic bursitis of the elbows and knees. The blood picture was normal. Treatment was begun in March 1932. After five injections, the bursitis disappeared and has not recurred.

CASE 23.—T. C., a man, aged 42, had had recurrent purpuric eruptions on the legs for months, especially after drinking wine. The blood count was normal. He was treated twice a week from April 1932 through December 1932 with no effect.

CASE 24.—Mrs. B., aged 50, had recurrent purpura and occasional bizarre giant ecchymoses, from 5 to 6 cm. in diameter, especially noticeable on exertion. The blood picture was normal; allergic tests were negative. A widespread localized edematous and hemorrhagic reaction followed the injection of venom. The patient was injected twice a week for months. At first it seemed as though there was a decrease in recurrences, but in the last few months the venom has had almost no effect on the course of this disease.

This form of purpura or recurrent ecchymoses is probably not a true clinical entity. It comprises conditions such as Schönlein-Henoch's purpura, or hemorrhagic capillary toxicosis, anaphylactic purpura or possibly ovarian dysfunction. The blood picture, especially blood platelets, coagulation time and clot retraction, is always normal. Occasionally the tourniquet test may be positive, indicating some form of capillary disturbance. Six out of nine patients treated showed immediate signs of improvement. Snake venom proved ineffective in three cases.

4. Osler's Disease (Multiple Hereditary Telangiectases):

CASE 25.—Miss B., aged 23, had had epistaxis and nasal discharge for many years. In the past few years the nasal bleeding lasted at least twenty minutes, three or more times a week. Her father had frequent nosebleeds. Examination of the nares revealed multiple telangiectases in nasal mucosa and bilateral antrum disease. No relief of symptoms was obtained from local treatment or roentgen therapy. Treatment with snake venom was started, Oct. 3, 1932. She became sensitized on the fifth injection and was desensitized by October 27 and then treated with venom once a week. October 31, the patient reported that there was no bleeding. There was no bleeding in November or December. In January a slight epistaxis occurred. She was then treated twice a month and the bleeding increased. She did not appear for three weeks and then reported several nasal hemorrhages. Under treatment given once a week since that time no bleeding has been reported. The areas of telangiectases have markedly decreased in size.

CASE 26.—W. A., a man, aged 50, had had bleeding from the nose and mouth for six years. His father also had had frequent nosebleeds. The patient had been treated with radium with no relief. In the last two and a half months before treatment with venom, bleeding had been very profuse and almost daily. Small and large telangiectases were found on the tongue, the lips and the nasal mucosa, and small spider nevi were scattered over the body. The blood picture was normal. Treatment was started, Nov. 11, 1932, two or three times a week in large doses of 1 cc. Within two weeks there was less bleeding. November 28, the patient became sensitized and as the amount of venom was decreased in the process of desensitization the bleeding recurred. By Feb. 6, 1933, it was found that two injections a week of full 1 cc. doses kept the patient under fairly good control, although bleeding tended to recur when the injections were decreased. Since that time, some of the telangiectases have disappeared.

CASE 27.—Mrs. S. S., aged 49, had had daily nosebleeds for years. She had a sister and a daughter who bled from the nose. Telangiectases were found on the tongue, lips, mucous membranes of the cheeks and in the nasal mucosa. Treatment was begun, May 20, 1932. The hemoglobin was 74 per cent. Injections were made twice a week. The bleeding continued through May, at which time the hemoglobin dropped to 60 per cent. The patient was sensitized and desensitized, during which time the bleeding continued. In July, injections were given once a week because the patient could not come more often. The bleeding diminished. Later, treatment was given every two weeks until the present time. She still bleeds occasionally but there is a marked decrease in the amount and frequency. Once during this time she was admitted to the hospital and it was found that if the injections were given frequently (three times a week) bleeding could be controlled. The telangiectasia of the tongue have almost disappeared, although there are still some in the nasal mucosa.

CASE 28.—M., a boy, aged 6 years, living in Maine, somewhat out of touch with an active clinic, was suffering from familial telangiectasia of the nose and had bled almost continually throughout the last half of his life. After the onset of the treatment a very encouraging record of some thirty-five days without any nasal hemorrhage was set. Then, after the onset of a nasal pharyngitis, he had four consecutive, severe hemorrhages. Resumption of the treatment with the venom was followed by a remarkable improvement.

Previous to treatment with snake venom, other forms of treatment were used, such as boiling water, coagulants, horse serum or radium, with only slight or no improvement. The treatment with the snake venom produced definite control of the bleeding. The treatment, however, in such cases must be kept up indefinitely, more frequently at first and less frequently later, once a week or once in two weeks, depending on the clinical effect. In two cases some of the telangiectases either disappeared or diminished in size.

B. *Diseases Associated with Bleeding as a Result of Definite Blood Changes.*—1. Thrombocytopenic Purpura Haemorrhagica: (*a*) Cases followed by apparent improvement after snake venom injections.

Nine cases were treated. The patients varied in age from 5 to 65 years. There were eight females and one male in this series. The symptoms were typical in most of the cases; namely, hemorrhages from mucous membranes, purpura and ecchymoses in the skin and in a number of the women profuse and prolonged menstrual periods. Marked weakness and pallor had developed in some as a result of the loss of blood. In all the cases there was a marked reduction in the number of platelets, prolongation of the bleeding time, absence of clot retraction, a positive tourniquet test and a secondary anemia.

The majority of the cases in this group showed a definite response to the snake venom. This was characterized by a cessation of bleeding. Curiously enough, large hemorrhages such as those from the nose, mouth and uterus were usually controlled sooner than the purpura. Only a few injections were sometimes necessary before the nasal bleeding or the excessive menstrual flow was checked. When this occurred, the hemoglobin rose rapidly. Some patients had to be treated for a very long time before the purpuric symptoms disappeared. The cessation of bleeding in many cases was not accompanied by a rise in the platelet count or a change in the coagulation time. This speaks for a direct therapeutic effect, due to the snake venom injections, rather than to spontaneous remissions, which so frequently occur in this disease. It was especially noticeable in this group that when sensitivity occurred and the dosage had to be reduced, bleeding was apt to recur and was only controlled when large and frequent doses were resumed.

Four of the patients recovered completely, both symptomatically and hematologically. This restoration to normal is not attributed to snake venom alone, as it is well known that some forms of acute and chronic purpura are subject to spontaneous remissions.

(*b*) Purpura haemorrhagica followed by no improvement after treatment with snake venom.

There were three women varying in age from 26 to 42 and one 4 year old girl in this group. They presented the hematologic manifestations typical of this disease and one of the patients had shown no improvement even after a splenectomy. Three of the patients did not respond to the treatment with moccasin venom, although there was some influence on the bleeding tendency after the first few injections. The fourth patient was markedly improved for one year, but a severe relapse occurred which could not be controlled by venom. In these cases splenectomy is indicated for the relief of the purpuric condition.

2. Hemophilia: Three patients were treated with snake venom. They presented the typical history and showed the prolonged coagulation time of congenital hemophilia. Although there was some improvement at first, probably as a result of nonspecific therapy, later the treatment had to be discontinued, as it failed to protect such patients from bleeding, hemarthrosis or hemorrhagic accidents.

COMMENT

The use of snake venom as a means of controlling various types of hemorrhagic conditions has proved useful. It seems to be of value in most of the types of bleeding not associated with blood changes, such as epistaxis of long standing, uterine bleeding, hereditary multiple telangiectases (Osler's disease) and various forms of purpura, either toxic, allergic or endocrinal. In some instances, marked improvement of the secondary anemia was observed following the control of the bleeding. In some cases of achlorhydric anemia or anemia caused by long standing uterine bleeding, iron was ineffective until snake venom was employed to control the bleeding.

Snake venom diminishes the bleeding tendency in certain cases of purpura haemorrhagica without affecting the blood picture. In some acute cases and occasionally in the chronic form, the blood picture returns to normal after the use of snake venom. This is not attributed to the effect of the venom but may be considered to be a spontaneous remission such as occurs without the use of this form of therapy. In such a case, however, the restoration of the blood picture to normal seems to be hastened by the reduction or control of the hemorrhagic condition.

Cases of hemophilia, thrombocythemia and leukemia show either no response or slight response at the beginning of treatment. Apparently snake venom has no appreciable effect on such conditions.

There are no contraindications to the use of snake venom. Allergic responses are rather mild. Exacerbations of the underlying conditions do not occur. Although the fundamental condition may not improve, the treatment does not exaggerate the hemorrhagic state.

Snake venom does not induce any changes in the blood picture. It does not affect the bleeding time, except in certain cases of thrombocytopenic purpura which respond to the treatment. In the allergic state resulting from the injection of snake venom an eosinophilia may supervene. This tends to subside after desensitization.

SUMMARY

The administration of moccasin snake venom (Ancistrodon piscivorus) intracutaneously or subcutaneously (from 0.2 to 1 cc. of a 1:3,000 solution) is effective in controlling various hemorrhagic conditions unassociated with blood changes. In thrombocytopenic purpura haemorrhagica, it seems to be effective in some cases and ineffective in others. It is of no value in cases of congenital hemophilia.

Clinical Notes, Suggestions and New Instruments

RECOVERY FROM AMYLOIDOSIS

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Until Waldenström's[1] report in 1928, it was generally believed that amyloidosis was a progressive and fatal disease. Although, before this time, observations were made from time to time on patients who apparently recovered from the disease, they were seldom published[2] because of uncertainty of diagnosis. It was usually concluded that recovery was an indication that the patient did not have amyloid disease. Recently, however, Kuczynski,[3] Morgenstern[4] and others have shown experimentally that amyloid substance may be resorbed if the factors favoring its formation and deposition are discontinued. The introduction of the congo red test by Bennhold and the method of liver and spleen biopsy by Waldenström permitted accurate clinical diagnosis to be made during life. As a result of these advances, reports of recovery from amyloid disease in eleven cases have been published.[5]

The following is the report of a case of tuberculosis of approximately two and one-half years' duration with recovery after thoracoplasty. Amyloid disease was discovered about two years after the first symptoms of tuberculosis and one year after thoracoplasty.

From the Department of Medicine, University of Minnesota Hospital.

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REPORT OF CASE

History.—Mrs. O. B., aged 30, noted the first symptoms of pulmonary tuberculosis in February 1929. She was admitted to a sanatorium in April and was transferred to the surgical service of the University of Minnesota Hospital in December for thoracoplasty to obliterate a large cavity in the right lung. After the operation the patient gradually failed. There was continuous pain and discharge from the wound for over a year thereafter. In February 1931, about a year after the operation, albuminuria appeared. In March 1931 the liver was found to be markedly enlarged and amyloid disease was suspected. She was transferred to the medical service. She weighed 110 pounds (50 Kg.), the blood pressure was 105 systolic, 70 diastolic, and no edema was evident. The liver extended below the umbilicus, but the spleen and kidneys were not palpable. At this time 15 cc. of a 1 per cent solution of congo red dye was injected intravenously. After one hour all the dye was removed from the blood stream. The patient was given a high protein diet, cod liver oil, pills of ferrous carbonate and heliotherapy. Improvement gradually occurred, although her condition was regarded as hopeless. The spleen became palpable in April. At this time a roentgenogram showed an enormously enlarged liver and unusually large kidney shadows, though within normal limits of size. During April and May persistent diarrhea occurred, which was thought to be due to amyloidosis of the bowel. There was no evidence roentgenographically or otherwise of enteric tuberculosis. The patient continued to improve and after October 1931 her temperature, which had been elevated continually for two years, returned to normal. Her weight increased from a low level of 110 pounds (50 Kg.) to 129 pounds (58.6 Kg.) in December 1931, 142 pounds (64.5 Kg.) in February 1932, and at the time of her discharge in May 1932, it was 159 pounds (72.2 Kg.). The thoracoplasty wound was still being irrigated. The liver had diminished appreciably in size, and the spleen was still palpable.

Laboratory Observations.—Persistent albuminuria was first noted in February 1931. The amounts ranged from 3+ to 4+ (boiled solid). The average amount diminished somewhat and after August was recorded as from 1+ to 2+, which persisted during the period in the hospital. The specific gravity of the urine during the period of albuminuria ranged from 1.009 to 1.029. Concentration-dilution tests performed in March and in October 1931 showed a range of specific gravity from 1.005 to about 1.017 on both occasions. The phenolsulphonphthalein test revealed 70 per cent excretion in two hours in September 1931 and 75 per cent in November 1931. Casts were seen on only a few occasions. Red cells and leukocytes were occasionally noted. In May 1931 the urinary proteins were composed of albumin 0.250 Gm. and globulin 0.134 Gm. The blood proteins totaled 6.06 Gm., of which 1.73 Gm. was albumin and 4.33 Gm. was globulin. The nonprotein nitrogen level was 22.5 mg. and the blood urea nitrogen was 13 mg. The Rehberg test in May 1931 was 107.5 cc. In December 1929 the hemoglobin was 63 per cent and the red cells numbered 3,400,000. There was a diminution to 44 per cent and 2,000,000 respectively in May 1931, but on discharge from the hospital the hemoglobin had increased to 50 per cent and the red cells to 4,500,000.

The congo red test performed in April 1931 showed that all the dye had been absorbed, presumably by amyloid substance. Nine months later (January 1932) only 22 per cent of the dye was absorbed and in April 42 per cent was retained in the tissue, which represents the usual finding in normal persons and indicates resorption of disappearance of amyloid substance. The patient returned home and after a few months gradually resumed her housework.

In March 1935 the patient weighed 200 pounds (91 Kg.). She had no symptoms of tuberculosis, felt well and did her housework. The wound had healed, the liver and spleen were not palpable, and the urine contained only a faint trace of albumin.

COMMENT

Until recent years a diagnosis of amyloid disease during life rested largely on a history of prolonged infectious disease, suppuration or a malignant condition and the signs of enlargement of the liver, spleen or kidneys, anemia and albuminuria without evidence, necessarily, of nephritis or nephrosis. Under these circumstances the diagnosis was often uncertain, and if patients in whom the disease was suspected recovered it was considered doubtful that amyloid disease had existed. Following experimental studies which showed that amyloid substance was often resorbed, provided the causative factors were removed before the disease had progressed too far, and the introduction of specific tests for the disease, numbers of cases of recovery have been observed, to which the case here reported is added.

TREATMENT OF ACUTE DINITROPHENOL POISONING

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Because of the widespread use of alpha-dinitrophenol in treating obesity and the repeated emphasis on its toxicity when taken in overdosage, a new toxicologic problem seems to be developing. This arises chiefly from the selection of dinitrophenol as the lethal drug by would-be suicides, but partly also as accidental poisoning resulting from use of proprietary or secret products containing the drug. In order to attain a position in the list of popular suicidal agents, a drug apparently must combine certain properties not necessarily related to its therapeutic usage. That is, its action must be dramatic enough to be associated in the lay mind with powerful effects and certainly fatal outcome. The drug must be commonly available, so that it can be taken without undue delay when the decision for suicidal attempt is made. It is also well known that the popularity of a drug for this purpose fluctuates in direct proportion to the newspaper space given to sensational accounts of its effect and suicidal use. These various factors are combined almost ideally in dinitrophenol to make it the poison of choice. Hence it is likely to appear with increasing frequency in cases of acute poisoning. That is, it is readily available, it has received the required newspaper publicity to establish it in the lay mind as a fatal drug, and it occupies an almost unique dramatic position in that it literally burns a patient to death. In view of these circumstances, practicing physicians should be informed of the symptoms and the proper measures to be used in treating such acute poisoning.

The symptoms of dinitrophenol poisoning may vary with the dose. High or toxic doses cause nausea and gastro-intestinal distress, marked sensations of heat, flushed skin, marked sweating, restlessness, rapid and deep respiration, and fever. As the fever increases, the respiration becomes extremely rapid and of maximum depth, until the victim is using all his accessory muscles of respiration in a terrific effort to force more and more air into his lungs. There may be pain in the chest, or anginal cramps at this stage, as well as sensations of intense heat. If a fatal dose has been taken the respiration finally fails to keep up with the increased oxygen consumption, the blood becomes cyanotic, and anoxemia develops. With the anoxemia there is a piling up of lactic acid in the tissues which, associated with a high fever of over 110 F., quickly causes heat rigor of the skeletal muscle. The rigor appears first in the extremities and then spreads to the respiratory muscles, so that death promptly follows.

There is no specific chemical antidote capable of neutralizing or destroying dinitrophenol in the body. Treatment of such poisoning must therefore be directed at the symptoms and to the removal of the drug from the body. When the patient is first seen, the stomach should be washed out with large volumes of water, preferably containing sodium bicarbonate, 5 per cent strength. Dinitrophenol does not readily dissolve in water in the presence of the acid of the stomach; hence alkalinization is desirable. A large volume of fluid may be left in the stomach to replenish the water that has been lost by the profuse sweating. Actual danger to life arises from the failure to oxygenate the blood and from the excessive fever. The oxygen saturation of the blood may be maintained by inhalation of pure oxygen through a mask or preferably in a suitable tent, if the latter is available. The fever can be combated by putting the victim in a bathtub containing ice water, or in an ice pack. This will generally reduce the body temperature very quickly and keep it within normal limits. However, the application of intense cold to the skin probably has other effects than mere abstraction of heat from the body. Animal experiments have shown that, at atmospheric temperatures of only a few degrees above freezing, the metabolic stimulation of the

dinitrophenol is prevented or almost completely checked.[1] This occurs before there is any significant change in body temperature. The antagonistic action of cold is not understood but may conceivably be the result of the cold on the skin. Since coldness hinders the metabolic stimulation, the heat production returns to normal and the increased need for oxygen is lessened. The net result is a prompt alleviation of the patient's symptoms. Cold alone, in experimental animals, is sufficient to about double the dose of dinitrophenol required for fatal effects.[1]

The measures suggested here for the treatment of acute dinitrophenol poisoning are believed to be rational, since they are based on the demonstrated actions of the drug and have been shown to be effective in experimental animals. In addition, they have been used with success in cases of human poisoning that have occurred recently in the San Francisco Bay Region. They have been adopted as the official procedure for treatment of acute dinitrophenol poisoning in the Emergency Service and Hospitals in San Francisco by Dr. J. C. Geiger, director of public health of San Francisco, and added to the "Outline of Symptoms and Treatment of Acute Poisoning" prepared by Dr. P. J. Hanzlik, consulting pharmacologist of the department of public health. In this "outline" it is further suggested by Dr. Hanzlik that potassium permanganate solution (1:1,000 or 2,000) be used with the gastric lavage and, in case of collapse, that physiologic solution of sodium chloride (0.9 per cent NaCl) or 6 per cent dextrose solution be given intravenously, and caffeine or digitan (N. N. R.) hypodermically, if necessary.

Sacramento and Webster streets.

DERMATITIS, DUE TO FACIAL CREAM, CAUSED BY METHYL HEPTINE CARBONATE

MORRIS J. HOFFMAN, M.D., AND JOHN PETERS, M.D.,
OAK PARK, ILL.

Previous to the introduction of the patch test as a means for investigation, it was rather difficult to proceed toward a diagnosis of eczematous eruptions. However, since then, the field of testing for idiosyncrasy has been opened to unlimited possibilities and together with a thorough history sometimes leads to results that are gratifying to the physician and almost dramatic to the patient.

REPORT OF CASE

A woman complained of a severe dermatitis and angioneurotic edema of the face. The eyes were puffed and almost closed. The entire face and neck were covered with a marked erythema and a small papular eruption. The itching and discomfort were intense. She had previously had several such attacks, which would clear up in about five days following the application of local soothing lotions.

On questioning it was discovered that all the attacks had occurred on Saturday nights, lasting usually until the following Tuesday. It was also pointed out by the history that they occurred on Saturday when she had a social engagement and on such occasions used a different facial cream.

We decided to prove conclusively whether the cream was the causative factor. With this in mind we had the patient apply this cream to her face. Several hours afterward she complained of severe itching and erythema. We were then forced to remove the cream as best we could, but in spite of it all there developed a mild eruption the next day.

With the cooperation of the manufacturer we were furnished the essential ingredients of the cream. By the use of the patch test to the V of the neck, we conducted tests with each one. None of these were found to react except the substance used to produce the odor of the cream. On application, this produced an erythema and itching, which was followed in about one hour by a macular eruption. Unconsciously the itching made the patient scratch and she spread some of this to her face, causing a mild eruption there.

COMMENT

The ingredient causing the symptoms here is known as "methyl heptine carbonate." This product is derived from heptaldehyde and is a colorless ethereal oil. It has a chemical formula of $C_6H_{13}CHO$ and is derived from castor oil by heating and fractional distillation. It is soluble in alcohol, in ether and to some extent in water. It is used commercially for producing artificial violet and jasmine odors in facial creams. It is produced rather cheaply and has an enduring odor, which makes it ideal for such uses.

CONCLUSIONS

1. This case of nonatopic dermatitis indicates the facility with which a diagnosis is sometimes made, especially with a thorough history.

2. Treatment was simple avoidance of the irritant.

1. Tainter, M. L.: J. Pharmacol. & Exper. Therap. 51:45 (May) 1934.

From the Allergy Department of the Oak Park Hospital and Department of Medicine, Loyola University School of Medicine.

Council on Physical Therapy

THE COUNCIL ON PHYSICAL THERAPY HAS AUTHORIZED PUBLICATION OF THE FOLLOWING REPORTS. HOWARD A. CARTER, Secretary.

SUCTION DRAIN ACCEPTABLE

Manufacturer: Surgical Mechanical Research, 531 Witmer Street, Los Angeles.

The Suction Drain is a device for facilitating the drainage of the bladder, the abdominal cavity, the chest, or any body cavity requiring a similar type of drainage.

The apparatus consists of a reservoir for water, a valve for regulating the flow of water, a drip chamber for observing the rate of flow, a container for trapping the secretions removed from the patient, and a waste outlet at the base for the water flowing from the reservoir.

In practice, the amount of secretion removed from the patient increases with the increase in the flow of water passing through the drip-chamber. Likewise within the limits for which the apparatus is designed, the intensity of the suction becomes greater when the resistance produced by the secretions is greater. Consequently, the intensity of the suction is less with thin secretions than with the more viscous types.

Suction drain.

The device is very simple and once it is in operation it functions automatically. The only necessity for proper operation is to keep water in the glass container. The patient can watch this feature carefully. However, the firm claims that one filling of the reservoir will operate the apparatus for a period of from six to eight hours.

The rate of drip automatically becomes more rapid with an increase in the amount of secretions being removed and will slow down when this amount is lessened. Since the Suction Drain is designed to develop suction of low intensity, it will not work on heavy viscous secretions, especially when these pass through long tubes of small diameter.

With the introduction of transurethral surgery, the need for adequate catheter drainage has become more imperative. Continuous catheter drainage may easily be interrupted by plugs of mucus, pus or blood clots. Any device which will aid in overcoming these mechanical difficulties is an adjunct in this procedure.

In a clinic acceptable to the Council, the Suction Drain was tried out under practical conditions for a period of several months. The Drain was used in cases of prostatic resection, both preoperative and postoperative. It appeared to be particularly desirable in cases of postresection in which considerable postoperative oozing is present. The Suction Drain was also used in cases of partial postoperative intestinal obstruction for constant gastric and duodenal drainage.

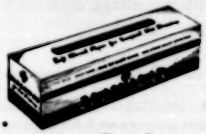
In view of the favorable report presented, the Council voted to include the Suction Drain in its list of accepted devices.

SURGOWAX (Waxed Paper) ACCEPTABLE

Manufacturer, The Menasha Products Company, Menasha, Wis.

Surgowax is a waxed paper especially prepared for surgical wet dressings. It is made from full bleached Hemlock pulp, under sanitary and sterile conditions. It is craped and steam treated and coated with refined paraffin. It is prepared in rolls, each strip 12 inches wide and 150 feet long, and each roll encased in a cardboard carton with a cutter edge.

Claims for this product, according to the firm, are that it is moisture resistant, soft and pliable, will not irritate tissues, and will conform to the shape of any part of the body to which it is applied as a bandage. This makes it desirable as an economical method in connection with wet dressings.



Surgowax (Waxed Paper)

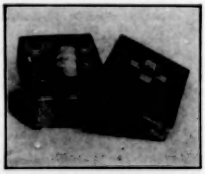
Surgowax has been used in a clinic acceptable to the Council for several months. It was found to be a good protective covering for wet dressings. It can be molded into position about joints or about the face better than can stiffer material commonly used in covering wet dressings.

In view of the favorable report, the Council on Physical Therapy voted to include Surgowax in its list of accepted devices.

NU-HESIVE GAUZE BANDAGE ACCEPTABLE

The Nu-Hesive Gauze Bandage, a latex-treated bandage, is manufactured by the Diadem Surgicals, Inc., Fitchburg, Mass. Packing of Nu-Hesive is in two forms: one, the hospital and physician's line, is packed twelve rolls, individually and cellophane wrapped, in each box; two, the retail line, is packed forty-eight one-inch to the carton, each roll in a separate box, and the two-inch, twenty-four in.

Nu-Hesive Gauze Bandage is the trade name for the product. It is made from sterilized gauze which is impregnated with a practically nonabsorbent cohesive latex, leaving the interstices of the fabric partially open. The process of application requires squeezeroll control of the quantity of applied latex solution, followed by electric-heat-radiation drying while in suspension. Five-yard rolls are wrapped with paper in the machine, following which a bandage cut-off operation is accomplished with knives running in sterilizing solution. According to the firm, the cellophane-wrapped rolls, with one end still open, are placed in a sterilizing cabinet for sufficient time to destroy bacteria; the rolls individually boxed are sterilized in the same way with the box, before closing.



Nu-Hesive gauze bandage.

The company claims that the package is sterile and free from bacteria and micro-organisms; that is, until it is opened. It is quick to apply and is strong, yet it can be torn off as used; no scissors are needed. It will not stretch or shrink, sticks to itself, and will not adhere to the wound or skin. Surface bleeding may be stopped with a four-layer coverage. The bandage is not affected by water or by alcohol and it does not loosen easily. It is a stiff support; several layers produce a "cast" effect. There is little or no discoloration of the area covered.

The firm does not claim that "Nu-Hesive" eliminates entirely the use of ordinary cotton bandage or adhesive bandages, but in selected instances it is of great value. After the Council investigated "Nu-Hesive" it was recommended for and included in the Council's list of accepted products.

Council on Pharmacy and Chemistry

PRELIMINARY REPORTS OF THE COUNCIL

THE COUNCIL HAS AUTHORIZED PUBLICATION OF THE FOLLOWING REPORT.

PAUL NICHOLAS LEECH, Secretary.

SNAKE VENOM SOLUTION MOCCASIN (LEDERLE)

Elsewhere in this issue of THE JOURNAL appears an article by Peck and Rosenthal[1] on the "Effect of Moccasin Snake Venom in Hemorrhagic Conditions." At the suggestion of the authors the manufacturer (Lederle Laboratories, Inc.) has submitted the product to the Council in order that a statement of the Council's conclusions might appear in the same issue as the report of the investigators.

Snake Venom Solution Moccasin was first used experimentally by Peck and Sobotka,[1a] who attempted to produce Schwartzman's phenomenon (local hemorrhagic necrosis) by the use of local and intravenous injections of bacterial toxic filtrates with fungus extracts. They injected rabbits with snake venom and, after allowing from fourteen to thirty days to elapse, found these animals refractory to Schwartzman's phenomenon. Further experimentation determined that there were no circulating antibodies and that antivenin had no effect on the course of the phenomenon. They therefore believed that the induced refractory state was due to some change in the vessel wall which prevented the occurrence of the phenomenon.

Peck[2] found that while moccasin and copperhead venom produced this refractory state, bothrops and rattlesnake venoms did not. He also found that it was necessary to titrate moccasin venoms for potency and that there was no relationship between the toxicity (i. e., neurotoxicity) of individual moccasin venoms and their ability to produce the refractory state. These experiments were followed by the clinical use of moccasin snake venom in various hemorrhagic conditions.[3]

ADMINISTRATION AND DOSAGE

In the earlier work of Peck[3] and of Peck and Goldberger,[3] the venom was given intradermally; later Peck and Rosenthal[3] reported that subcutaneous injections gave the same results and were less painful to the patient. The material to be injected consisted of the venom diluted 1:3,000 with physiologic solution of sodium chloride. Further dilutions were sometimes necessary for desensitization. The procedure now reported consists of an initial dose of 0.4 cc., which is subsequently increased to 1 cc. Injections are given twice weekly, variation being governed by the effectiveness of the treatment, sensitization and recurrence of symptoms. The same principles apply to the dosages for children, in which the minimum is 0.2 cc. and the maximum 0.6 cc. These dosages are said to have been used successfully in children 1 year of age. Successive injections were usually given in the same extremity.

USUAL REACTION

Local reaction is reported to occur at the site of the injection and to vary considerably in the size of the ecchymotic area. This occurs principally with the first few injections.

SENSITIZATION AND DESENSITIZATION

Peck[4] had previously reported hypersensitivity in 75 per cent of patients with allergic manifestations, a changed reaction in

1. Peck, S. M., and Rosenthal, Nathan: Effect of Moccasin Snake Venom (Ancistrodon Piscivorus) in Hemorrhagic Conditions, this issue, p. 1066.

1a. Peck, S. M., and Sobotka, Harry: Production of a Refractory State as Concerns the Schwartzman Phenomenon by the Injections of Venom of the Moccasin Snake (Ancistrodon Piscivorus), J. Exper. Med. **54**: 407 (Sept.) 1931.

2. Peck, S. M.: A Refractory State as Concerns the Schwartzman Phenomenon, J. Immunol. **28**: 447 (Nov.) 1933.

3. Peck, S. M.: Attempts at Treatment of Hemorrhagic Diathesis with Snake Venom, Proc. Soc. Exper. Biol. & Med. **29**: 579 (Feb.) 1932. Peck, S. M., and Goldberger, M. A.: The Treatment of Uterine Bleeding with Snake Venom, Am. J. Obst. & Gynec. **25**: 887 (June) 1933. Peck, S. M., and Rosenthal, Nathan: Effect of Moccasin Snake Venom in Hemorrhagic Conditions (this issue, p. 1066).

4. Peck, S. M.: Sensitization and Desensitization in Man with Snake Venom, Arch. Dermat. & Syph. **27**: 312 (Feb.) 1933.

50 per cent of nonallergic patients, and desensitization accomplished in fifteen out of sixteen attempts. Peck and Rosenthal found sensitization not uncommon. The cases presented a double problem: desensitization, and the necessity of attempting to inject enough venom before they became sensitized to carry them over the period of desensitization. Two methods were used by Peck and Rosenthal[3] to desensitize these patients. These are similar to other desensitizations, but those who intend to make use of this preparation should follow carefully the described (or a more conservative) procedure.

CLINICAL CASES

In the three clinical papers[3] there are a total of 100 cases treated with venom. These are discussed herewith in groups of similar conditions treated.

Functional Uterine Bleeding (twenty-four cases[5]).—These cases are reported to have shown good results from venom therapy. The menstrual periods that had been profuse and prolonged became normal, and in many cases secondary anemias were cleared up.

Allergic Conditions (thirty-two cases[5]); *Toxic, Anaphylactic and Endocrinal Purpura* (eleven cases[6]).—Peck concluded from his thirty-two cases that venom therapy was unsuccessful in allergic conditions. Peck and Rosenthal obtained results in this grouping of eleven cases, which varied so much clinically that no evaluation of the group appears to be reasonable.

Idiopathic Epistaxis (five cases[7]); *Bleeding from Mouth and Gums* (one case[6]); *Bronchiectasis with Hemoptysis* (two cases[6]).—These cases are reported to have shown good results from venom therapy.

Multiple Hereditary Telangiectasis (four cases[6]).—In these cases bleeding was controlled as long as treatment was continued but maintenance doses were necessary to continue control.

Thrombocytopenic Purpura Hemorrhagica (sixteen cases[7]).—Four of these cases are reported as unsatisfactory, three promising, five remarkably improved, and four completely recovered. These recoveries might have been due to spontaneous remissions; but since bleeding was controlled before any change in coagulation time or platelet count occurred, the result is apparently due to the venom (supposedly by strengthening the vessel wall).

Hemophilia (five cases[7]).—Results in these cases are reported as not satisfactory; five cases seem insufficient on which to base an estimation of clinical value.

SUMMARY

The therapeutic usefulness of venom in the treatment of certain hemorrhagic conditions is difficult to evaluate on the basis of available evidence. In many of the conditions, too few cases have been reported; in others the results are not uniform, and in one the effect is good but it is not curative. There is insufficient evidence to justify the separation of cases successfully treated on the basis of blood changes, as is apparent by comparing results in multiple hereditary telangiectasis and in thrombocytopenic purpura hemorrhagica. Apparently the results show that the effect of the venom is not on blood and hence that it may be, as the investigators believe, on the vessel walls (?). The fact that bleeding was controlled during treatment even when there was no lasting effect is worthy of note.

The authors state that there are few contraindications to its use. They claim that allergic responses are rather mild. The results suggest the usefulness of venom in functional uterine bleeding. The results in the other conditions are either too few or too inconclusive to warrant determination of usefulness other than the control of bleeding

The use, even experimental, of this product should be undertaken with caution, both as to the type of case selected for treatment and as to the actual treatment. Those who make use of it should be able to determine the significance of local reaction and sensitization, and to desensitize with proper care and judgment.

5. Peck.[5]
6. Peck and Rosenthal.[3]
7. Peck.[5] Peck and Rosenthal.[3]

The present status of the use of this product in hemorrhagic conditions is apparently promising. It has not infrequently resulted in favorable response when other and at present standard methods of treatment have failed. The fact that it results in the control of bleeding in the absence of blood changes suggests its value, even when no lasting effect is demonstrable. A test of potency of the venom as to its ability to produce a refractory state to Schwartzman's phenomenon on rabbits might well be added to the tests for toxicity. More adequate evidence concerning the method by which the venom controls hemorrhages (the investigators claim that it strengthens the vessel wall) is desirable for the further consideration of the preparation.

The Council voted that further consideration of Snake Venom Solution Moccasin (Lederle) be deferred until more evidence as to the extent of its usefulness in hemorrhagic conditions is available.

Committee on Foods

ACCEPTED FOODS

THE FOLLOWING PRODUCTS HAVE BEEN ACCEPTED BY THE COMMITTEE ON FOODS OF THE AMERICAN MEDICAL ASSOCIATION FOLLOWING ANY NECESSARY CORRECTIONS OF THE LABELS AND ADVERTISING TO CONFORM TO THE RULES AND REGULATIONS. THESE PRODUCTS ARE APPROVED FOR ADVERTISING IN THE PUBLICATIONS OF THE AMERICAN MEDICAL ASSOCIATION, AND FOR GENERAL PROMULGATION TO THE PUBLIC. THEY WILL BE INCLUDED IN THE BOOK OF ACCEPTED FOODS TO BE PUBLISHED BY THE AMERICAN MEDICAL ASSOCIATION.

RAYMOND HERTWIG, Secretary.

WARRANTY SIEVED PRUNES

Manufacturer.—The Nielsen Corporation, Ltd., Oakland, Calif.

Description.—Sieved California prunes prepared by efficient methods for retention in high degree of the natural mineral and vitamin values. No added sugar or salt.

Manufacture.—Mechanically pitted dried California prunes are soaked overnight in cold water, heated to boiling, cooked until soft, sieved in an atmosphere of steam, and subsequently processed and canned by essentially the same procedure as described for Warranty Sieved Spinach (THE JOURNAL, Feb. 2, 1935, p. 399).

Analysis (submitted by manufacturer).—

	per cent
Moisture	72.0
Total solids	28.0
Ash	0.9
Sodium chloride	0.01
Fat (ether extract)	0.2
Protein (N × 6.25)	1.0
Reducing sugars as invert sugar	14.1
Sucrose	0.5
Crude fiber	0.6
Carbohydrates other than crude fiber (by difference)	24.8
Titratable acidity as malic acid	0.5

Calories.—1.1 per gram; 31 per ounce.

Vitamins.—The method of preparation and processing insures the retention in high degree of the natural vitamin values.

Claims of Manufacturer.—Specially intended for infants, children and convalescents, and for special smooth diets. Only warming is required for serving.

(*a*) JAK 'N JIL GOLDEN SYRUP
(*b*) JAK 'N JIL CRYSTAL WHITE SYRUP

Manufacturer.—American Maize-Products Company, New York.

Description.—(*a*) Table syrup; corn syrup flavored with refiners' syrup. The same as Amaizo Golden Syrup (THE JOURNAL, May 16, 1931, p. 1695).

(*b*) Table syrup; corn syrup flavored with sucrose syrup and vanilla extract. The same as Amaizo Crystal White Syrup (THE JOURNAL, July 16, 1932, p. 224).

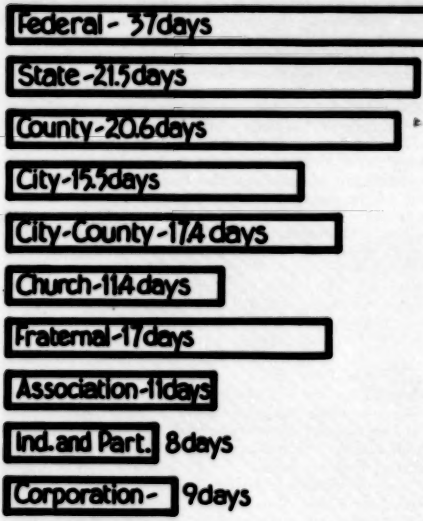
Claims of Manufacturer.—Recommended for use as an easily digestible and readily assimilable carbohydrate supplement to milk in infant feeding and as a syrup for cooking, baking and the table.

HOSPITAL SERVICE IN THE UNITED STATES

FOURTEENTH ANNUAL PRESENTATION OF HOSPITAL DATA BY THE COUNCIL ON MEDICAL EDUCATION AND HOSPITALS OF THE AMERICAN MEDICAL ASSOCIATION

The significance of the hospital as a social institution must impress any one who ponders the compilations presented in these pages. Our thanks for this valuable information are due officers who have so generously responded to our inquiries.

The usual questionnaires were mailed to 6,437 hospitals, and reports were received from 6,230, a percentage of 96.78 replying. Reports still are coming in.


Federal - 37 days
State - 21.5 days
County - 20.6 days
City - 15.5 days
City-County - 17.4 days
Church - 11.4 days
Fraternal - 17 days
Association - 11 days
Ind. and Part. 8 days
Corporation - 9 days
Governmental - 21.2 days
Non-Proprietary - 11.2 days
Proprietary - 8.7 days

Average length of stay per patient in general hospitals, for 1934.

In addition to the foregoing, there are 221 hospitals in Alaska, Hawaii, Puerto Rico and elsewhere, figures from which will be presented separate from those for the states, near the close of this article.

All the hospitals of this country admitted 7,147,416 patients during the period under survey, which corresponds in general with the calendar year 1934, since reports were received mainly in November and December 1934. The average daily census of patients was 830,098, an increase of 19,827 over 1933.

Patients were admitted to hospitals at the rate of one every 4.41 seconds, including Sundays and holidays.

General hospitals admitted 6,291,556 patients, or 88 per cent of all patients admitted.

The total number of births reported in hospitals was 701,143.

One person in seventeen made use of a hospital during the year, according to the federal census of 1930, and one in eighteen according to the estimated census for 1934.

The number of idle beds reached a record total of 218,003, of which 156,030 were in general hospitals.

The average length of stay per patient in general hospitals was fourteen days; in mental hospitals, 1,034 days.

In the governmental general hospitals the average length of stay was twenty-one days, and in the nongovernmental general hospitals eleven days.

The growth of hospitals for the last twenty-five years has been at the rate of 25,000 additional beds each year.

The growth of hospitals for the last twelve months equals over fifty-seven beds for every day in the year, including Sundays and holidays.

There are 2,226 superintendents who have the M.D. degree, 2,551 registered nurses, and 1,545 without medical or nursing degrees.

Hospitals in the United States employ 6,105 laboratory technicians and 4,300 x-ray technicians.

The measure of quantity of hospital service is the patient day—that is, the care of one patient for one day. During the last year the patient days in all hospitals numbered 302,985,770, a gain of 7,236,855 over the previous year.

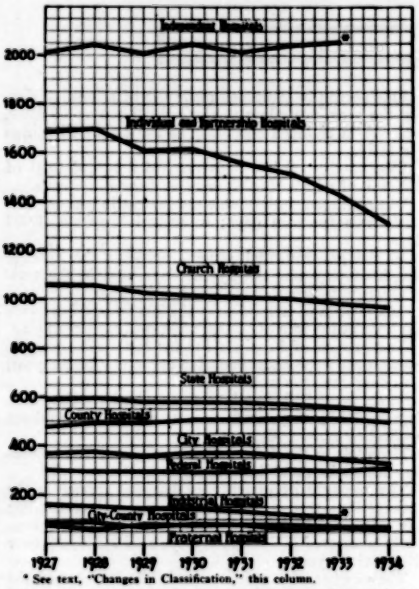
The number of hospitals now in the Register of the American Medical Association is 6,334, as compared with 6,437 one year ago, a net decrease of 103 hospitals. This decrease was caused, in part, by thirty-one (net) custodial institutions closing their hospital departments and sending their patients to neighboring general hospitals. The net loss of thirty-nine general hospitals was due mainly to the closing or temporary discontinuance of small institutions for lack of patronage. Forty were dropped from the Register on grounds of ethics, as against twenty-one restored from those formerly rejected. Some were closed on account of merger, and a few have been deleted for lack of information.

In the twenty-five years from 1909 to 1934, during which time the total number of hospital beds mounted from 421,065 to 1,048,101, or an average of 25,081 additional beds a year, there was an almost uniform rate of increase throughout the period. Comparatively little difference was made by war, depression or any other condition. The various departments of government agencies, organizations and individuals that have

undertaken to provide hospital facilities have responded to the demands of the populace and, in fact, have exceeded those demands, as shown by the unprecedented number and wide distribution of idle beds.

CHANGE IN CLASSIFICATION

In this census, for the first time, hospitals are classified so as to show whether they are organized for profit or otherwise. Statistics were obtained for hospitals falling in each of these classifications. Obviously this distinction is not applicable to government hospitals. Church and fraternal hospitals are, obviously, not conducted for profit. In addition to church and fraternal hospitals, there is a large group maintained by associations organized under state laws which forbid the distribution of profits. In the accompanying tables these are called "associations and restricted corporations" and, together with the church and fraternal, make up the nonprofit group.



* See text, "Changes in Classification," this column.

Changes since 1927 in the numbers of hospitals classified according to control.

On the other hand, corporations that may be operated for profit are, in this survey, designated as "corporations unrestricted as to profit," and these, together with the individual and partnership hospitals, and some hospitals under industrial control, make up the proprietary group of hospitals. Those industrial hospitals which are maintained purely on a fraternal basis are included with the other nonprofit associations.

Statistics on the capacity and occupancy of hospitals by states, by type of service and by ownership or control are given in tables 1 and 2. Summaries at the bottom of the tables afford easy comparisons of similar figures for any year since 1927. Comparisons of governmental with nongovernmental hospitals can also readily be made by glancing at the figures presented in table 1.

HOSPITALS ACCORDING TO CONTROL

We have a smaller number of governmental hospitals, combining federal, state and local, than was shown by our census of a year ago. The total number of all governmental hospitals now in existence is 1,749. The census for 1933 showed 1,776. The highest number recorded during recent years was 1,816 in 1931. But the total capacity of all governmental hospitals for the present census is 717,888, a gain of 23,415 over the previous year. There has been a steady increase each year since 1923, at which time the capacity of all hospitals operated by all federal, state and local governments was 471,948. The item of 8,346 bassinets in governmental hospitals is, of course, derived mainly from county and city general hospitals and from state hospitals used for teaching purposes. There were 2,159,065 patients admitted to governmental hospitals according to the present census, an increase of 3,527 patients over the census for 1933. The daily average census showed an even 645,000 patients, a gain of 18,926 over the previous year.

To understand the statistics regarding governmental hospitals, it must be borne in mind that state mental hospitals are included and also that a considerable portion of the work of federal, county and city hospitals is chronic or custodial in nature.

The total capacity of the 313 federal hospitals reported in this census, an increase in number of eighteen over the previous year, is 77,865 beds and 560 bassinets. To these 313 hospitals were admitted 324,354 patients, only 194 more than were admitted to this group in 1933. The daily average census increased from 56,726 to 58,209.

It is interesting that the seventy-one federal hospitals existing in 1909 had a capacity of only 8,827 beds. Thus during the last twenty-five years the number of federal hospitals has increased more than fourfold and the bed capacity almost ninefold. Total patient days in all federal hospitals was 21,246,285; average length of stay, sixty-six days.

State hospitals are fewer in number than they have been since 1918. But the present capacity, 473,035, is higher than our record shows for any previous year. They admitted 474,539 patients, or 8,579 less than the previous year. The daily average census of 447,014 as compared with 435,527 for the year before indicates that the average length of stay in these institutions has continued to increase as in other years. The total patient days was 163,160,110; average length of stay, 344 days. Since 1909, state hospitals have increased more than twofold both in number and in bed capacity.

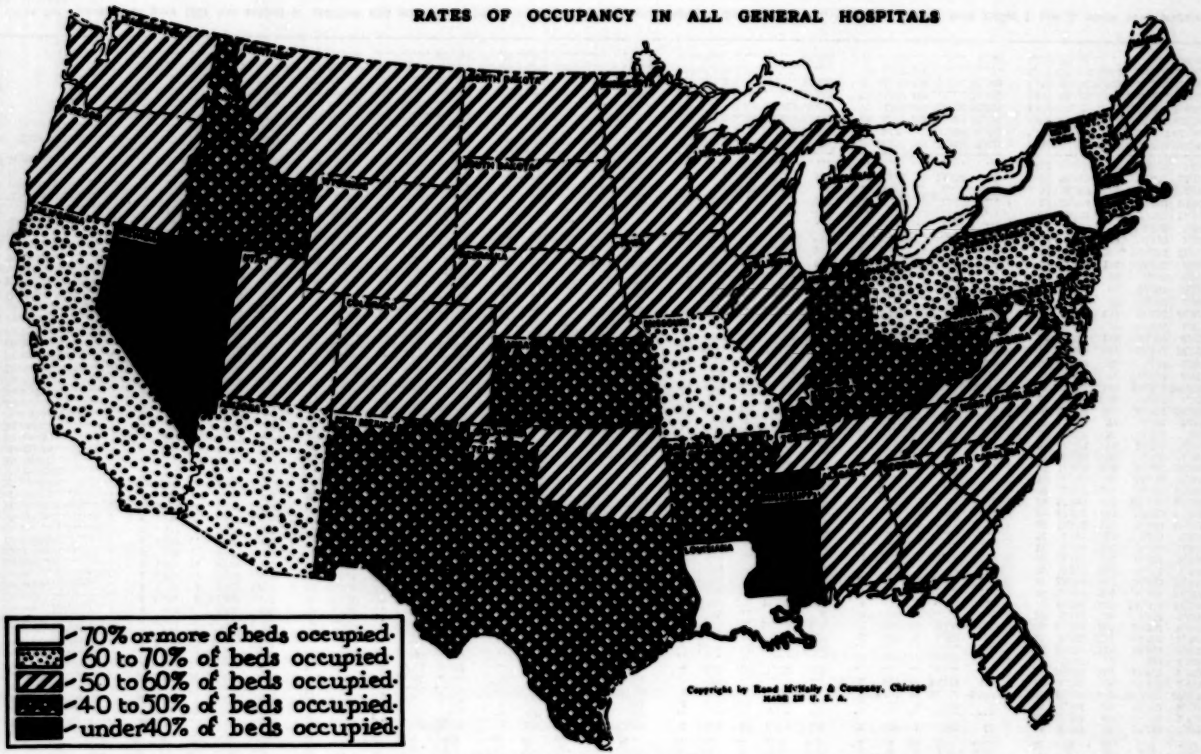
County hospitals number 496, with a capacity of 83,919 beds and 2,404 bassinets. They admitted 453,425 patients and had a daily average census of 71,157. County hospitals show a net loss of fifteen in number, but an increase in capacity and occupancy.

City hospitals, as usual, show a decline in number, there being now 328 compared to 344 in the previous year. However, their capacity is at a record mark of 71,931 beds and 3,680 bassinets. Patients admitted number 792,887, and the daily average census was 59,891.

Combined city and county hospitals number sixty-eight, or one less than in 1933. Their capacity and

(Continued on page 1079)

RATES OF OCCUPANCY IN ALL GENERAL HOSPITALS


70% or more of beds occupied
60 to 70% of beds occupied
50 to 60% of beds occupied
40 to 50% of beds occupied
under 40% of beds occupied
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Occupancy in General Hospitals

The percentages of beds occupied in general hospitals during the year 1934, by states, were as follows:

Alabama	54.1	District of Columbia	72.1	Kansas	49.9	Minnesota	59.1	New Jersey	66.5	Oregon	59.1	Utah	55.6
Arizona	61.3	Florida	51.7	Kentucky	49.3	Mississippi	36.5	New Mexico	49.4	Pennsylvania	62.4	Vermont	61.9
Arkansas	44	Georgia	53.9	Louisiana	78.7	Missouri	62.5	New York	70.6	Rhode Island	69.7	Virginia	57.5
California	63.4	Idaho	49.7	Maine	58.9	Montana	51.5	North Carolina	53.9	South Carolina	56.8	Washington	53.2
Colorado	57.6	Illinois	58.9	Maryland	66.4	Nebraska	52.2	North Dakota	57.1	South Dakota	50.1	West Virginia	49.5
Connecticut	66	Indiana	49.1	Massachusetts	70.5	Nevada	34.6	Ohio	60.6	Tennessee	58.5	Wisconsin	65.5
Delaware	58.7	Iowa	53.5	Michigan	54.8	New Hampshire	56.9	Oklahoma	52.5	Texas	47.4	Wyoming	50.5

Table 1.—Hospital Facilities by States and by Control—A. Government Hospitals

Marginal No.	Federal					State					County					City					City and County					Total Governmental					Marginal No.
	Hospitals	Beds	Bassinets	Patients Admitted	Average Census	Hospitals	Beds	Bassinets	Patients Admitted	Average Census	Hospitals	Beds	Bassinets	Patients Admitted	Average Census	Hospitals	Beds	Bassinets	Patients Admitted	Average Census	Hospitals	Beds	Bassinets	Patients Admitted	Average Census	Hospitals	Beds	Bassinets	Patients Admitted	Average Census	
1 Alabama	5	1,788	..	6,053	1,389	8	5,455	..	5,556	5,169	4	581	40	9,615	452	3	304	30	8,830	141	2	130	2	894	47	22	8,258	72	30,948	7,078	1
2 Arizona	21	1,847	59	12,020	1,388	1	948	..	342	876	9	413	28	3,400	319	..	..	..	..	..	..	..	..	..	..	31	3,208	87	15,762	2,483	2
3 Arkansas	3	1,400	2	2,812	1,153	6	4,340	..	3,077	4,240	2	278	8	1,021	267	4	233	28	3,980	90	1	15	3	240	7	16	6,305	41	11,130	5,767	3
4 California	29	6,455	27	32,428	4,655	16	21,086	32	17,600	21,375	60	14,473	553	140,413	11,589	1	100	..	..	..	4	2,282	60	14,776	2,080	101	44,409	672	205,307	29,670	4
5 Colorado	5	1,086	13	5,270	1,256	8	3,954	20	5,491	3,671	3	195	21	2,463	149	1	13	..	..	..	2	644	30	15,774	417	19	6,792	84	29,017	5,673	5
6 Connecticut	1	266	..	1,375	206	15	9,591	70	6,322	9,074	..	..	..	..	..	5	826	32	7,133	580	..	..	..	..	..	21	10,683	102	14,840	9,809	6
7 Delaware	1	28	..	130	5	4	1,519	..	446	1,340	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	5	1,547	..	576	1,345	7
8 Dist. of Columbia	8	6,356	60	19,523	7,195	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	13	10,650	114	38,000	6,634	8
9 Florida	5	741	..	5,880	569	6	4,771	8	2,994	4,495	7	464	41	6,628	364	6	709	88	18,469	664	2	150	20	1,196	53	25	6,820	151	35,057	5,626	9
10 Georgia	8	2,209	12	15,306	1,825	6	6,866	..	3,781	6,393	3	159	16	2,401	86	6	926	122	27,256	678	7	732	51	9,511	431	30	10,914	201	58,357	9,413	10
11 Idaho	4	467	..	1,578	286	5	1,505	..	821	1,364	4	164	31	4,712	132	1	10	..	6	2	1	15	3	.....	3	15	2,157	34	7,117	1,787	11
12 Illinois	8	3,044	5	12,896	3,458	24	33,941	50	29,361	33,240	24	5,885	264	86,317	5,270	18	2,206	116	17,640	1,777	1	110	..	101	99	75	46,276	435	146,315	43,833	12
13 Indiana	4	1,009	4	4,109	1,091	22	12,103	42	15,220	11,699	35	2,492	170	17,010	1,695	4	586	58	10,800	439	1	10	..	29	....	66	17,180	274	47,380	15,514	13
14 Iowa	4	1,230	2	2,833	1,215	17	11,364	78	24,586	10,821	13	722	46	6,650	448	7	163	37	2,634	66	..	..	..	..	..	41	13,316	163	36,043	12,502	14
15 Kansas	4	1,461	14	9,096	952	16	7,161	23	8,072	6,803	6	324	47	4,504	180	7	186	47	2,597	65	1	60	..	160	42	34	9,211	127	34,771	7,980	15
16 Kentucky	6	870	..	4,025	666	7	7,174	..	3,902	6,483	3	202	17	2,398	147	6	860	94	14,610	521	4	615	15	1,195	545	26	9,721	126	29,830	8,708	16
17 Louisiana	3	1,436	..	5,413	1,167	7	8,272	101	63,364	8,305	..	..	..	..	..	1	100	..	672	73	..	..	..	..	..	11	9,808	101	69,429	9,485	17
18 Maine	3	411	..	2,496	238	6	3,512	..	1,050	3,400	..	..	..	..	..	3	199	22	1,787	142	..	..	..	..	..	12	4,122	22	5,333	3,870	18
19 Maryland	8	1,748	8	5,895	1,388	16	8,344	70	10,914	7,558	2	155	5	666	98	5	1,415	4	7,954	1,291	1	128	20	2,346	78	32	11,770	107	27,380	10,315	19
20 Massachusetts	8	2,868	5	4,502	2,813	21	21,447	66	17,186	20,292	8	1,254	..	1,049	1,145	21	5,393	426	75,534	4,415	2	44	5	715	34	60	40,076	642	98,086	37,659	20
21 Michigan	6	1,396	..	3,598	979	21	17,698	45	30,512	16,998	29	7,214	41	15,086	5,918	34	4,657	308	58,756	3,331	..	..	..	..	..	90	30,885	454	107,742	27,296	21
22 Minnesota	8	1,698	29	7,707	1,421	17	13,535	30	14,647	12,852	17	1,701	16	4,025	1,597	12	1,902	102	15,264	803	4	1,161	62	11,552	687	58	19,087	250	53,195	17,560	22
23 Mississippi	3	833	..	2,019	708	12	4,804	34	11,573	4,255	2	50	6	764	18	1	22	3	201	3	1	35	6	326	10	19	5,744	49	14,808	4,984	23
24 Missouri	6	1,589	4	5,980	993	11	8,905	8	5,657	8,402	5	491	52	6,447	291	5	1,034	203	47,944	6,647	1	35	..	65	6	37	17,029	268	65,399	16,334	24
25 Montana	7	660	32	4,398	332	4	2,366	61	912	2,298	3	120	13	760	169	..	..	..	..	..	1	35	..	65	4	15	3,261	93	6,136	2,782	25
26 Nebraska	5	342	8	2,713	255	12	5,610	21	4,060	5,453	1	400	12	2,836	235	3	184	27	2,731	81	..	..	..	..	..	21	6,536	78	13,280	6,104	26
27 Nevada	3	90	7	946	55	1	150	..	95	328	9	381	24	3,629	84	..	..	..	..	..	..	..	..	..	..	13	621	31	4,680	465	27
28 New Hampshire	1	150	..	598	32	4	2,648	..	674	2,482	3	264	14	1,863	229	3	166	15	1,557	61	..	..	..	..	..	11	3,228	29	4,562	2,804	28
29 New Jersey	3	1,091	2	1,366	912	15	14,431	3	6,744	13,634	24	9,469	310	16,300	7,814	11	2,491	124	37,443	1,997	..	..	..	..	..	53	27,412	439	61,853	24,357	29
30 New Mexico	10	1,233	46	9,412	986	1	642	5	561	792	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	20	2,375	51	9,973	1,778	30
31 New York	22	7,195	50	23,573	6,721	67	76,501	105	80,710	75,707	67	6,691	94	20,638	5,914	49	19,150	877	255,105	17,660	3	1,199	38	10,666	1,145	344	112,627	1,251	360,086	101,251	31
32 North Carolina	3	955	9	3,617	748	7	7,580	..	3,638	6,528	10	660	15	2,015	583	3	292	33	4,255	110	4	140	17	2,408	78	27	9,658	74	15,893	8,047	32
33 North Dakota	7	283	26	3,811	179	4	3,084	..	840	2,606	2	109	7	422	65	2	59	..	55	2	..	..	..	..	..	15	3,526	33	5,128	2,984	33
34 Ohio	7	2,524	6	7,319	1,905	23	25,691	31	17,234	24,775	24	3,130	56	9,734	2,733	23	3,791	292	48,150	2,800	1	461	..	456	419	77	35,599	385	82,983	32,722	34
35 Oklahoma	12	1,983	46	13,222	943	11	8,389	22	12,576	5,119	1	50	10	878	18	8	294	32	3,910	98	..	..	..	..	..	32	9,997	110	30,586	6,179	35
36 Oregon	4	641	3	3,527	466	9	5,109	..	4,637	4,772	3	367	26	4,880	363	2	88	8	861	39	..	..	..	..	..	18	6,205	37	13,005	5,571	36
37 Pennsylvania	6	2,388	1	5,917	1,814	32	24,679	153	46,162	23,509	21	7,423	14	3,499	6,798	11	12,305	71	35,420	10,978	2	107	..	364	77	72	46,902	239	91,382	43,284	37
38 Rhode Island	2	266	..	1,457	70	7	4,431	69	2,582	4,264	..	..	..	..	..	1	365	..	2,221	205	..	..	..	..	..	10	4,962	69	6,309	4,657	38
39 South Carolina	3	514	4	3,225	340	5	4,741	..	3,250	4,110	6	727	46	9,342	446	2	102	11	3,035	97	1	36	..	91	39	17	5,740	61	20,351	5,154	39
40 South Dakota	8	501	19	6,372	322	4	2,655	..	647	2,286	1	17	6	377	6	1	15	5	148	3	..	..	..	..	..	14	3,188	30	7,244	2,619	40
41 Tennessee	3	1,119	..	5,662	809	8	5,668	..	3,742	5,328	6	1,731	2	1,708	1,527	3	978	107	28,458	740	4	706	37	7,080	629	24	10,234	146	45,840	9,033	41
42 Texas	13	2,581	30	15,781	1,474	13	14,055	2	11,953	13,808	14	611	60	8,654	379	9	687	76	12,288	364	13	1,641	96	21,804	1,329	62	19,595	284	70,675	17,354	42
43 Utah	3	151	2	1,456	117	2	1,259	..	352	1,208	3	266	37	4,606	193	1	25	..	375	17	..	..	..	..	..	9	1,701	39	6,789	1,535	43
44 Vermont	1	62	..	1,469	51	6	1,473	..	609	1,239	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	7	1,535	..	2,018	1,290	44
45 Virginia	8	1,956	7	9,291	1,337	14	10,729	30	11,330	9,479	2	73	11	1,079	35	5	905	24	3,613	764	..	..	..	..	..	29	13,721	72	25,333	11,815	45
46 Washington	13	2,431	10	14,163	1,982	7	7,098	..	2,841	6,681	12	1,645	94	16,631	1,339	2	380	..	427	239	..	..	..	..	..	35	11,476	104	34,092	10,541	46
47 West Virginia	1	210	..	1,350	186	4	2,884	13	6,494	2,452	4	139	14	1,581	89	2	95	24	2,241	66	..	..	..	..	..	11	3,228	51	12,063	4,775	47
48 Wisconsin	3	1,295	10	3,708	730	14	5,980	42	14,635	5,285	59	12,129	97	22,626	11,501	10	619	66	10,399	261	5	609	83	11,129	295	91	20,701	288	62,497	18,272	48
49 Wyoming	4	723	12	2,534	693	4	957	8	2,447	847	4	266	37	3,978	133	..	..	..	..	..	..	..	..	..	..	12	1,946	57	8,959	1,583	49
50 Totals (1934)	313	77,865	569	324,354	56,299	544	473,035	1,154	474,539	447,014	486	83,019	2,494	453,425	71,157	328	71,931	3,699	792,887	59,901	68	11,138	548	113,800	8,729	1,749	717,888	8,346	2,150,065	645,899	50
51 (1933)	295	75,655	502	324,169	56,728	537	459,646	995	465,118	435,357	511	80,410	2,239	406,921	69,047	344	69,639	3,627	762,643	57,865	69	9,143	541	178,686	6,969	1,776	694,473	7,815	2,155,139	630,074	51
52 (1932)	291	74,151	461	326,689	57,594	560	445,401	1,014	464,782	417,282	514	84,554	2,116	384,385	71,080	350	69,551	3,329	767,696	57,502	63	8,388	549	106,512	6,591	1,804	679,267	7,669	2,049,533	610,148	52
53 (1931)	291	69,170	391	301,149	52,881	576	419,282	846	398,984	394,998	508	77,373	1,932	345,236	62,862	364	61,351	3,478	680,529	46,854	77	14,348	615	168,450	11,766	1,816	641,324	7,392	1,823,678	569,301	53
54 (1930)	288	63,581	274	.....	50,499	591	405,399	786	.....	380,279	505	73,615	1,498	.....	60,589	364	63,004	3,546	.....	47,880	74	14,157	497	.....	11,550	1,812	619,738	6,383	.....	550,737	54
55 (1929)	292	59,991	229	.....	46,022	578	385,766	785	.....	364,042	487	65,619	1,385	.....	52,994	357	57,128	3,093	.....	42,440	81	14,183	570	.....	11,276	1,795	582,537	6,062	.....	516,985	55
56 (1928)	294	67,165	117	.....	.....	565	389,750	813	.....	.....	489	63,231	1,297	.....	.....	372	65,126	3,161	.....	.....	63	7,558	284	.....	.....	1,813	567,434	5,672	.....	.....	56
57 (1927)	301	69,444	..	.....	42,137	592	354,786	..	.....	328,737	480	58,997	..	.....	47,704	366	63,327	..	.....	46,389	70	7,705	..	.....	5,190	1,809	545,169	..	.....	470,187	57

The list beginning on page 1661 was subject to additions and removals of hospitals until going to press; totals of the list, therefore, may vary slightly from tables 1 and 2, which were prepared as of Dec. 31, 1934.

(Continued from page 1076)

occupancy figures all show increases, except in number of patients admitted, as will be seen by the accompanying table of governmental hospitals. The city-county hospitals have 11,138 beds and 548 bassinets, and admitted 113,860 patients; the daily average census was 8,729.

Total patient days in all governmental hospitals was 235,425,000; average length of stay, 109 days.

admitted, however, there has been an increase from 1,753,565 a year ago to 1,786,522. There has also been a slight increase in the average daily census from 63,621 to 63,851.

The total patient days in hospitals under church control was 23,305,615; average length of stay, thirteen days.

Fraternal hospitals number seventy-two, the same as the previous year. Their capacity of 5,411 shows a

Table 1.—Hospital Facilities by States and by Control—B. Nonprofit Organizations

Marginal No.		Church					Fraternal					Associations and Restricted Corporations					Total Nonprofit					Marginal No.
		Hospitals	Beds	Bassinets	Patients Admitted	Average Census	Hospitals	Beds	Bassinets	Patients Admitted	Average Census	Hospitals	Beds	Bassinets	Patients Admitted	Average Census	Hospitals	Beds	Bassinets	Patients Admitted	Average Census	
1	Alabama	9	681	111	12,786	325	1	20	..	212	12	11	558	41	10,573	244	21	1,259	152	23,571	581	1
2	Arizona	10	799	86	12,306	452	1	15	..	33	15	7	268	13	1,372	102	18	1,121	99	13,713	570	2
3	Arkansas	8	920	77	14,819	367	3	115	4	980	65	8	574	28	1,951	151	19	1,609	109	21,750	613	3
4	California	60	4,611	822	81,456	2,339	5	660	38	6,969	449	58	4,657	528	62,417	2,868	103	9,948	1,388	150,842	5,656	4
5	Colorado	28	2,523	303	33,024	1,311	2	206	..	192	138	18	1,571	65	8,696	1,696	48	4,300	368	41,912	2,545	5
6	Connecticut	5	1,117	198	24,924	796	..	..	..	..	..	36	4,978	732	76,267	3,419	41	6,095	930	102,491	4,215	6
7	Delaware	1	73	12	1,779	61	..	..	..	..	..	6	561	86	11,491	366	7	653	100	13,270	413	7
8	Dist. Columbia	5	755	115	18,721	480	..	..	..	..	..	11	1,677	251	31,552	1,120	16	2,432	366	50,273	1,600	8
9	Florida	7	672	107	8,663	263	3	150	5	1,035	102	23	1,002	135	14,326	332	33	1,824	247	24,024	717	9
10	Georgia	5	611	54	10,178	252	1	60	..	223	30	17	893	112	15,490	472	23	1,564	166	26,401	754	10
11	Idaho	11	500	114	13,419	341	..	..	..	..	..	2	57	4	316	15	13	647	118	13,735	356	11
12	Illinois	88	11,384	1,748	181,148	5,904	5	444	25	4,815	301	60	8,555	1,361	133,753	4,202	173	20,383	3,134	319,716	10,407	12
13	Indiana	29	3,881	589	60,315	1,750	2	164	..	99	129	15	1,064	100	16,780	464	46	5,109	789	77,183	2,374	13
14	Iowa	41	4,021	567	62,696	1,925	1	50	..	17	45	23	1,039	161	14,169	476	65	5,121	728	76,282	2,546	14
15	Kansas	37	3,065	424	44,442	1,495	1	250	..	1,357	62	21	708	114	12,122	365	59	4,108	538	57,921	1,922	15
16	Kentucky	14	1,584	200	27,999	700	2	28	..	141	29	23	1,115	146	15,354	581	39	2,737	346	43,494	1,310	16
17	Louisiana	10	1,316	133	25,658	735	2	123	12	1,026	75	14	1,003	87	12,557	512	26	2,402	232	39,241	1,322	17
18	Maine	5	352	41	6,571	189	..	..	..	..	..	22	1,548	198	23,295	948	27	1,900	239	29,776	1,077	18
19	Maryland	9	1,924	167	25,937	1,566	..	..	..	..	..	78	3,638	361	50,192	2,633	87	5,550	528	76,129	4,199	19
20	Massachusetts	18	2,469	409	41,221	1,655	1	60	..	331	60	114	11,083	1,843	185,286	7,042	133	13,612	2,252	226,838	8,757	20
21	Michigan	34	3,765	644	58,864	1,944	3	175	16	768	129	50	6,382	835	80,210	3,055	96	10,322	1,495	139,842	5,128	21
22	Minnesota	36	3,549	523	60,982	1,834	1	60	..	238	58	57	2,382	411	39,962	1,160	74	6,001	934	101,182	3,052	22
23	Mississippi	2	160	18	4,387	102	1	12	..	50	5	17	795	83	10,609	230	20	967	101	15,046	337	23
24	Missouri	38	5,683	679	76,930	3,294	4	338	..	1,457	260	24	2,315	295	30,467	1,204	66	8,336	974	111,744	4,758	24
25	Montana	21	1,569	207	24,439	813	..	..	..	..	..	8	297	33	4,408	121	29	1,866	240	28,848	934	25
26	Nebraska	24	2,412	294	35,690	1,202	..	..	..	..	..	6	153	32	2,941	81	30	2,565	326	38,640	1,442	26
27	Nevada	1	52	12	1,283	34	..	..	..	..	..	2	60	9	1,292	29	3	112	21	2,577	63	27
28	New Hampshire	5	353	66	7,011	200	..	..	..	..	..	25	1,157	248	19,860	676	30	1,510	314	26,871	876	28
29	New Jersey	19	3,546	509	56,619	2,242	2	150	..	125	62	62	7,060	1,297	138,761	5,582	83	11,736	1,716	197,505	7,886	29
30	New Mexico	14	957	79	8,742	357	..	..	..	..	..	9	349	33	3,086	123	23	1,306	112	10,828	480	30
31	New York	77	11,833	1,497	166,986	6,855	5	571	..	4,181	387	228	29,836	3,863	504,370	19,819	310	42,240	5,360	675,537	29,061	31
32	North Carolina	17	1,020	150	17,452	598	1	25	..	22	16	58	3,370	386	61,961	1,766	76	4,315	536	79,373	2,380	32
33	North Dakota	20	1,476	226	28,261	843	..	..	..	..	..	9	278	65	6,232	145	29	1,754	291	34,584	988	33
34	Ohio	64	6,816	1,024	106,360	4,092	4	401	..	1,910	300	76	6,540	959	113,910	3,601	144	13,791	1,983	222,413	7,912	34
35	Oklahoma	8	767	141	14,467	404	2	81	10	1,221	27	10	332	39	4,810	113	20	1,180	190	20,498	544	35
36	Oregon	15	1,708	234	30,267	1,047	1	50	..	200	52	14	669	94	11,295	299	30	2,367	328	41,831	1,399	36
37	Pennsylvania	62	6,872	898	90,932	4,214	5	350	..	1,241	342	190	24,080	2,941	361,357	16,021	257	31,315	3,839	453,780	20,577	37
38	Rhode Island	3	418	63	5,944	181	1	100	..	100	28	13	1,880	283	24,813	1,207	16	2,298	346	30,757	1,401	38
39	South Carolina	5	270	29	4,960	153	3	144	7	1,245	101	23	1,368	130	24,466	767	31	1,782	166	30,511	1,023	39
40	South Dakota	15	979	176	17,330	471	..	..	..	..	..	10	392	78	5,743	166	25	1,371	254	23,073	637	40
41	Tennessee	6	1,078	133	27,220	865	..	..	..	..	..	27	1,641	143	20,860	804	33	2,719	276	48,080	1,669	41
42	Texas	40	3,990	478	73,717	1,918	4	297	16	1,357	178	27	1,570	122	23,586	663	71	5,857	616	99,252	2,759	42
43	Utah	6	964	102	14,913	499	1	20	..	45	20	4	163	34	3,157	73	11	1,147	198	17,315	592	43
44	Vermont	3	217	21	3,861	154	..	..	..	..	..	16	1,458	122	14,363	1,004	19	1,675	143	18,224	1,248	44
45	Virginia	4	498	63	8,310	254	2	147	10	1,714	53	21	1,565	294	40,866	1,371	27	3,209	367	50,890	1,678	45
46	Washington	21	2,025	427	36,586	1,164	2	76	9	930	49	21	1,648	293	29,867	830	44	4,349	729	66,483	2,043	46
47	West Virginia	10	982	116	13,425	385	..	..	..	..	..	13	832	102	11,028	406	23	1,814	218	24,453	791	47
48	Wisconsin	54	5,518	833	80,467	3,004	1	20	..	18	18	33	2,634	397	35,693	961	88	7,572	1,230	116,178	3,983	48
49	Wyoming	2	45	10	679	14	..	..	..	..	..	5	116	25	2,228	46	7	161	35	2,907	60	49
50	Totals (1934)	970	113,262	16,067	1,786,522	63,851	72	5,411	150	34,700	3,601	1,604	149,038	20,034	2,342,513	89,615	2,646	267,712	36,251	4,163,735	157,067	50
51	(1933)	984	115,840	16,190	1,753,565	63,621	72	5,399	132	36,817	3,467											
52	(1931)	1,011	116,925	15,861	2,013,352	73,911	76	5,558	161	44,750	3,820											
53	(1931)	1,011	116,925	15,861	2,013,352	73,911	76	5,558	161	44,750	3,820											
54	(1930)	1,017	116,546	15,615	.....	75,102	77	5,606	149	.....	3,779											
55	(1929)	1,024	113,555	15,037	.....	73,770	70	5,283	158	.....	3,627											
56	(1928)	1,016	114,611	13,190	.....	.....	67	5,296	196	.....	.....											
57	(1927)	1,080	108,582	.....	.....	72,813	85	4,955	.....	.....	3,196											

CHURCH, FRATERNAL AND OTHER NON-PROFIT ORGANIZATIONS

The nonprofit group of institutions, including church and fraternal, comprise mainly general hospitals which care for patients with acute sickness or injury on a pay basis as contrasted with local county and city hospitals which are employed mainly for the care of indigent sick. As is well known, the nonprofit group, however, also renders a very large amount of charity or indigent service.

The number of hospitals reported under church control is 970 as compared with 984 for the previous year. In the same time the bed capacity dropped from 115,840 to 113,263; bassinets now number 16,067 as compared with 16,190 last year. In the number of patients

slight gain. They admitted 34,700 patients, compared to 36,817 last year. At the same time the average census rose from 3,487 to 3,601, indicating that the average period of stay in fraternal hospitals has increased during the year.

Other nonprofit corporations, in addition to those under church and fraternal auspices, reported under this classification for the first time, have to their credit 1,604 hospitals with a capacity of 149,038 beds and 20,034 bassinets. They admitted 2,342,513 patients and they had an average daily census of 89,615. The total nonprofit civilian hospitals, including church, fraternal and the other hospitals, run on a nonprofit basis but, not including governmental, number 2,646, with a capacity of 267,712 beds and 36,251 bassinets. They

admitted 4,163,735 patients and the average daily census was 157,067.

The total patient days in this group of hospitals was 57,329,455; average length of stay, fourteen days.

INDIVIDUAL AND PARTNERSHIP

Looking at the statistics for hospitals under the ownership and control of individuals and partnerships, one sees that the number of hospitals in this group is 1,310. The number has declined since 1927 at the rate of 53 per year or 1,384 beds per year, there being now 29,429 beds. There are 4,391 bassinets as compared with 4,843 in 1928. There is a corresponding decrease in occupancy, for the present census shows 366,313 patients admitted and an average of 12,046.

UNRESTRICTED AS TO PROFIT

Under the heading of "corporations unrestricted as to profit," the number, capacity and occupancy statistics are given for the first time for this group of institutions commonly referred to as being "incorporated for profit." Our records show 629 such hospitals, with a total capacity of 33,072 beds and 4,038 bassinets. They admitted 458,303 patients.

Combining the statistics of the individual and partnership hospitals with the corporations unrestricted as to profit gives the total figures for hospitals whose operation may result in profit; at least their form of organization would not prevent a profit being declared if earned. The total proprietary hospitals, therefore, number 1,939, with a combined capacity of 62,501 beds and 8,429 bassinets. They admitted 824,616 patients, and the average daily census was 28,031.

Table 1.—Hospital Facilities by States and by Control—C. Proprietary

Marginal No.		Individual and Partnership					Corporations Unrestricted as to Profit					Total Proprietary					Marginal No.
		Hospitals	Beds	Bassinets	Patients Admitted	Average Census	Hospitals	Beds	Bassinets	Patients Admitted	Average Census	Hospitals	Beds	Bassinets	Patients Admitted	Average Census	
1	Alabama	28	831	109	11,230	320	17	1,302	126	21,617	491	43	2,053	226	32,697	811	1
2	Arizona	12	235	15	940	105	5	125	16	1,381	37	17	360	31	2,321	142	2
3	Arkansas	24	444	67	6,252	134	8	244	28	3,381	65	32	688	73	3,633	199	3
4	California	119	2,469	379	29,958	1,440	59	3,883	699	67,983	1,878	178	6,352	1,017	97,941	3,318	4
5	Colorado	28	562	69	5,081	256	2	760	29	3,924	208	30	1,322	109	9,005	464	5
6	Connecticut	6	139	5	972	66	12	651	..	1,223	443	29	771	5	2,195	509	6
7	Delaware	2	46	6	317	17	1	39	6	693	23	3	85	12	1,010	40	7
8	District of Columbia	3	67	4	631	60	1	15	..	237	1	4	82	4	868	61	8
9	Florida	20	540	86	6,920	176	9	313	67	4,417	135	35	853	143	11,340	311	9
10	Georgia	38	1,008	116	12,516	423	18	777	82	13,107	297	56	1,785	198	25,623	720	10
11	Idaho	20	285	66	4,252	111	4	112	20	2,113	59	24	397	86	6,365	161	11
12	Illinois	69	1,464	119	6,586	335	32	2,403	347	31,702	1,113	72	3,867	466	40,301	1,448	12
13	Indiana	18	291	5	3,673	66	9	536	29	3,901	215	27	827	77	8,004	368	13
14	Iowa	45	698	149	8,864	265	8	298	45	4,276	149	53	994	194	13,140	415	14
15	Kansas	27	421	45	5,047	147	5	165	21	2,267	79	32	586	66	7,334	225	15
16	Kentucky	19	524	34	6,144	198	10	456	69	7,787	204	33	1,020	93	13,931	402	16
17	Louisiana	11	251	27	4,987	96	13	681	51	10,904	297	24	932	78	21,891	393	17
18	Maine	19	437	99	6,653	186	10	376	77	6,722	209	29	813	175	13,375	397	18
19	Maryland	10	328	11	681	209	3	127	..	783	87	13	455	11	1,464	297	19
20	Massachusetts	31	627	123	5,068	271	20	1,189	232	17,454	709	50	1,816	407	24,385	977	20
21	Michigan	44	954	150	10,627	434	12	419	42	5,760	234	56	1,373	192	15,787	668	21
22	Minnesota	71	1,072	261	16,919	446	14	864	59	17,619	373	85	1,936	320	34,538	819	22
23	Mississippi	27	611	113	13,455	201	10	412	41	6,268	125	37	1,023	154	19,723	326	23
24	Missouri	57	786	109	10,491	313	15	575	72	7,982	282	72	1,361	252	17,493	597	24
25	Montana	10	148	41	2,660	71	3	166	17	1,230	37	13	314	58	3,890	108	25
26	Nebraska	49	843	186	9,787	248	2	124	9	981	72	51	967	195	10,768	320	26
27	Nevada	1	.....	.....	.....	.....	2	100	7	1,152	43	3	100	7	1,152	43	27
28	New Hampshire	1	16	..	5	6	3	176	16	1,423	115	4	192	16	1,429	121	28
29	New Jersey	19	397	64	1,940	169	17	809	80	6,731	380	36	1,197	144	8,721	549	29
30	New Mexico	3	31	6	200	7	4	140	8	608	54	7	171	14	808	61	30
31	New York	73	2,324	439	20,890	1,146	67	3,479	609	37,711	1,897	120	5,813	1,048	58,591	3,045	31
32	North Carolina	24	417	42	6,301	333	20	991	77	12,711	412	44	1,408	119	21,012	745	32
33	North Dakota	9	165	32	2,080	45	2	57	32	457	61	11	362	64	2,536	86	33
34	Ohio	30	619	69	7,262	292	29	1,295	69	5,111	765	59	1,914	137	12,374	997	34
35	Oklahoma	32	1,432	178	25,377	500	14	625	73	13,130	397	46	2,057	251	38,507	897	35
36	Oregon	16	315	56	5,318	107	11	839	60	9,463	310	27	1,144	116	14,781	417	36
37	Pennsylvania	40	1,004	152	7,136	560	19	952	156	14,607	484	59	2,036	310	21,743	1,044	37
38	Rhode Island	3	62	..	32	32	3	186	27	2,732	81	6	248	27	2,764	113	38
39	South Carolina	11	232	23	3,227	71	3	115	18	1,458	53	14	339	41	4,685	124	39
40	South Dakota	16	251	60	4,336	105	4	132	25	2,606	81	20	383	85	6,942	186	40
41	Tennessee	33	675	67	9,306	217	9	351	36	4,620	119	42	1,026	83	14,016	336	41
42	Texas	105	2,443	321	41,015	825	51	1,808	200	31,080	772	156	4,336	521	72,095	1,597	42
43	Utah	11	179	34	2,075	54	1	10	1	90	6	12	189	35	2,165	60	43
44	Vermont	3	34	7	361	16	3	185	26	3,008	100	6	219	33	3,427	121	44
45	Virginia	15	361	50	7,030	306	16	951	97	16,253	462	31	1,312	147	23,283	768	45
46	Washington	31	535	125	4,965	195	11	459	86	5,981	239	42	994	211	10,946	434	46
47	West Virginia	14	582	60	17,585	233	21	1,577	132	31,503	795	35	2,159	192	49,079	1,028	47
48	Wisconsin	28	444	111	5,656	175	16	747	55	6,425	332	44	1,191	166	12,081	507	48
49	Wyoming	6	79	24	900	23	2	35	6	306	10	8	113	30	1,206	33	49
50	Totals (1934)	1,310	29,429	4,391	366,313	12,046	629	33,072	4,038	458,303	15,985	1,939	62,501	8,429	824,616	28,031	50
51	(1933)	1,435	33,385	4,982	381,461	13,746											
52	(1932)	1,522	35,759	5,604	428,256	16,309											
53	(1931)	1,560	36,764	5,332	459,184	17,912											
54	(1930)	1,620	38,557	5,253	.....	19,948											
55	(1929)	1,611	37,977	5,212	.....	20,604											
56	(1928)	1,650	39,710	4,843	.....	.....											
57	(1927)	1,692	39,110	.....	.....	21,779											

The list beginning on page 1091 was subject to additions and removals of hospitals until going to press; totals of the list, therefore, may vary slightly from tables 1 and 2, which were prepared as of Dec. 31, 1934.

Total patient days in the nongovernmental hospitals was 67,560,770; average length of stay, 13.5 days.

HOSPITALS ACCORDING TO TYPE OF SERVICE

Certain types of hospitals are on the increase as to both number and capacity; other types seem to be losing their popularity, while still others are merely holding their own.

GENERAL HOSPITALS

The general hospitals number 4,198, as compared with 4,237 a year ago. Meanwhile, the number of beds in general hospitals has increased from 386,713 to 393,425, and the bassinets from 47,008 to 47,856. The general hospitals admitted 6,291,556 patients,

increase of 220,044 over one year ago. The average daily census was 237,395 as against 231,692 one year ago.

Among the 4,198 general hospitals are 537 that reported that they have tuberculosis departments and that they admitted 40,900 patients to those departments last year. In addition, there were 188 general hospitals which reported 5,262 patients admitted but said that they did not have a separate tuberculosis department. Combining these figures, therefore, we find that the grand total of tuberculosis patients admitted, as such, to general hospitals was 46,162.

It is among the general hospitals that hospitals approved for internship training are selected. At the present time the 708 hospitals offering internships acceptable to the Council employ 6,376 interns.

COUNTIES WITH AND WITHOUT GENERAL HOSPITALS

The number of counties having general hospitals located within their boundaries is 1,779 as compared with 1,296 counties that do not have registered hospitals, located within their boundaries. Each hospital, of course, serves its community or territory regardless of imaginary boundaries. In 1920 there were 1,332 counties that had general hospitals located within them and 1,695 that did not have them. Between 1920 and 1934 the total number of counties increased by division from 3,027 to 3,075.

The forty-eight state maps interspersed among the list of registered hospitals in this issue give the location, state and county, of each hospital.

Totals According to Control, 1934, Condensed from Table 1

	Hospitals	Beds	Bassinets	Patients Admitted	Average Census	Average Patient Length of Stay
Federal	313	77,865	560	324,354	58,309	66
State	544	473,635	1,154	474,539	447,014	344
County	498	83,919	2,404	455,425	71,137	57
City	329	71,931	3,600	799,867	59,991	28
City-county	68	11,138	548	113,860	8,729	28
Total governmental	1,749	717,888	8,346	2,159,065	645,000	109
Church	970	113,263	16,067	1,786,322	63,851	13
Fraternal	72	5,411	150	34,700	3,601	38
Associations and restricted corporations	1,604	149,038	20,034	2,342,513	80,615	14
Total nonprofit	2,646	267,712	36,251	4,163,735	157,067	14
Individual and partnership	1,310	29,429	4,391	366,313	12,046	12
Corporations (unrestricted as to profit)	629	33,072	4,038	458,303	15,985	13
Total proprietary	1,939	62,501	8,429	824,616	28,031	12
Grand total	6,334	1,048,101	53,026	7,147,416	830,098	42

NERVOUS AND MENTAL HOSPITALS

As usual, mental hospitals show the greatest increase in capacity and occupancy. The Register lists 614 mental hospitals, seven less than last year, but the capacity is 513,845 beds, a gain of 14,890. They admitted 172,415 patients, an increase of 1,582. There was an average of 488,481 patients and inmates in the mental institutions.

TUBERCULOSIS HOSPITALS

Tuberculosis hospitals show comparatively slight numerical changes from year to year. The present tabulation includes 495 tuberculosis hospitals and sanatoriums with 70,063 beds, 82,455 patients admitted, and an average census of 59,689. Something is said regarding tuberculosis farther along in this article under "Survey of Tuberculosis Hospitals."

OTHER SPECIAL HOSPITALS

The maternity hospitals in the Register, 134 a year ago, now number 130, having 7,625 beds, 4,131 bassinets, with 76,980 patients admitted and an average daily census of 4,647. These figures are all less than for corresponding items one year ago.

Analysis of General Hospitals by Control

	Hospitals	Beds	Bassinets	Births	Patients Admitted	Aver. Census	Average Patient Length of Stay
Federal	254	46,609	559	6,607	301,121	30,554	11,132,210	37
State	47	15,709	831	14,236	230,521	13,614	4,969,110	22
County	206	29,553	2,284	34,648	386,509	22,276	8,130,740	21
City	210	39,057	3,568	66,997	718,027	30,550	11,130,750	16
City-county	60	6,966	532	12,404	107,121	5,119	1,868,435	17
Total governmental, general	757	136,885	7,514	136,392	1,750,309	102,113	37,271,245	21
Church	830	100,888	14,714	197,889	1,749,341	54,625	19,938,125	11
Fraternal	22	2,132	140	1,630	21,909	1,149	419,639	17
Associations and restricted corporations	1,172	111,394	17,766	243,615	2,658,179	62,351	22,758,115	11
Total nonprofit, general	2,024	214,394	32,620	443,134	3,822,428	118,124	43,115,260	11
Individual and partnership	906	20,739	4,000	28,887	329,128	7,523	2,745,895	8
Corporations (unrestricted as to profit)	421	21,407	3,632	60,612	289,700	9,635	3,516,775	9
Total proprietary, general	1,417	42,146	7,722	60,499	718,828	17,158	6,262,670	9
Grand total, general hospitals	4,198	393,425	47,856	648,905	6,291,556	237,395	86,649,175	14

Industrial hospitals number 113, having dropped five during the year. The capacity, 5,575 beds, was 5,923 last year. They admitted 69,609 patients as compared with 69,748 last year, and the average census was 2,423, a decrease of 197 in one year.

The fifty-five eye, ear, nose and throat hospitals, having 2,793 beds, admitted 103,720 patients, and the average census was 1,265. This group showed little change during the year.

There was no change in the number of the next three groups, there being fifty-eight children's, sixty-nine orthopedic and seventy-one isolation hospitals, the same as the previous year. Neither was there appreciable change in the capacity and occupancy of these three groups.

Hospitals and homes for convalescence and rest in the Register are limited to places that are equipped for medical and nursing care. There are 125, as compared with 130 a year ago, the capacity, 5,456, remaining practically unchanged, with a decrease in the patients admitted from 27,383 to 24,083. The average daily census dropped from 3,802 to 3,580.

Hospital departments of institutions dropped during the year from 343 to 312. The institutions that discontinued their hospital departments made arrangements to have their charges hospitalized in existing general hospitals. Some of the institutions increased their hospital facilities so that there are now 21,982 hospital beds as compared with 21,582 last year. The total number of patients was 135,272 or 15,802 less than last year.

The foregoing figures, by groups, account for all types of hospitals except ninety-four that are unclassified, which, however, show a total of only 8,132 beds and admitted 36,730 patients.

(Continued on page 1084)

Table 2.—Hospital Facilities by States and Type of Service

Marginal No.		General					Nervous and Mental					Tuberculosis					Maternity					Industrial					Eye, Ear, Nose and Throat					Marginal No.
		Hospitals	Beds	Bassinets	Patients Admitted	Average Census	Hospitals	Beds	Bassinets	Patients Admitted	Average Census	Hospitals	Beds	Bassinets	Patients Admitted	Average Census	Hospitals	Beds	Bassinets	Patients Admitted	Average Census	Hospitals	Beds	Bassinets	Patients Admitted	Average Census	Hospitals	Beds	Bassinets	Patients Admitted	Average Census	
1	Alabama	62	5,273	300	72,951	2,852	4	5,287	..	1,529	5,022	4	237	265	146		2	70	55	283	47	2	332	36	6,309	176	..	..	..	.....	..	1
2	Arizona	36	1,789	197	25,894	1,095	1	948	..	342	876	20	1,792	2,928	1,078		..	..	..	.....	..	6	149	20	1,607	45	..	..	..	.....	..	2
3	Arkansas	50	2,942	210	34,859	1,293	2	4,413	..	1,850	4,399	2	556	749	555		1	30	4	40	18	4	321	7	2,508	77	1	10	..	109	3	3
4	California	239	29,550	2,837	402,583	18,718	41	25,085	..	13,467	21,505	42	4,520	4,885	3,872		9	338	212	1,311	249	10	721	19	8,564	435	2	50	..	4,089	23	4
5	Colorado	65	4,981	504	68,410	2,869	8	4,737	..	2,464	4,101	18	1,929	1,237	1,212		1	8	19	89	4	3	226	20	2,885	127	..	..	..	.....	..	5
6	Connecticut	39	6,214	950	109,187	4,225	15	8,460	..	3,704	8,018	7	1,675	1,314	1,487		1	11	12	71	2	..	..	..	.....	..	..	..	..	.....	..	6
7	Delaware	10	744	112	14,346	436	2	1,358	..	357	1,211	3	183	173	151		..	..	..	.....	..	..	..	..	.....	..	..	..	..	.....	..	7
8	District of Columbia	17	5,459	394	74,610	3,932	3	5,838	..	1,029	5,461	3	539	254	352		2	130	90	2,732	78	..	..	..	.....	..	2	115	..	5,475	65	8
9	Florida	75	4,256	534	64,921	2,369	5	4,749	..	1,417	4,441	2	86	66	74		..	..	..	.....	..	1	65	5	1,016	32	..	..	..	.....	..	9
10	Georgia	82	5,885	539	90,657	2,710	7	7,000	..	1,930	7,118	6	653	1,287	556		2	33	21	56	5	2	137	..	2,467	72	..	..	..	.....	..	10
11	Idaho	43	1,616	214	25,670	902	3	1,463	..	212	1,346	1	122	197	114		1	8	20	60	2	1	30	4	434	20	..	..	..	.....	..	11
12	Illinois	219	27,700	3,640	448,249	16,381	30	34,775	..	15,998	33,963	27	3,895	4,344	3,086		7	386	344	7,571	297	3	128	2	1,340	70	2	275	..	6,113	182	12
13	Indiana	94	7,598	1,074	115,508	3,728	15	12,972	..	3,107	12,632	9	1,357	1,477	1,149		2	90	55	1,791	77	2	150	..	604	52	1	7	..	309	3	13
14	Iowa	122	6,905	1,016	113,940	3,668	14	11,003	..	3,788	10,902	6	782	646	661		4	168	60	246	53	1	60	..	350	17	..	..	..	.....	..	14
15	Kansas	96	6,027	721	80,346	3,008	11	6,591	1	1,472	6,344	3	386	426	354		2	90	29	176	15	3	250	..	2,929	152	..	..	..	.....	..	15
16	Kentucky	72	4,617	511	73,784	2,572	10	7,149	..	2,550	6,634	4	1,008	1,580	914		1	30	28	120	20	5	224	16	2,756	76	..	..	..	.....	..	16
17	Louisiana	42	5,657	288	119,480	4,450	6	6,334	..	2,186	5,911	3	295	295	178		..	..	..	.....	..	3	166	13	4,694	101	1	70	..	3,200	15	17
18	Maine	54	2,877	417	66,451	1,695	5	3,104	..	692	3,009	4	402	691	442		1	16	16	322	9	..	..	..	.....	..	..	..	..	.....	..	18
19	Maryland	49	6,131	640	91,221	4,005	19	9,466	6	2,961	8,875	8	1,349	1,947	1,250		..	..	..	.....	..	..	..	..	.....	..	2	100	..	4,832	33	19
20	Massachusetts	150	19,393	2,668	297,662	13,702	30	28,137	6	9,787	27,251	31	4,681	5,601	3,832		10	552	412	7,656	319	2	29	16	676	21	1	219	12	7,274	142	20
21	Michigan	153	14,554	1,839	221,487	7,903	17	20,459	..	5,263	19,704	23	3,482	3,050	2,984		6	1,080	225	11,217	1,180	13	233	31	3,722	102	1	150	..	1,138	38	21
22	Minnesota	157	10,197	1,476	167,327	6,020	14	13,032	..	4,040	12,568	17	2,043	1,496	1,815		4	227	76	1,172	86	..	..	..	.....	..	1	191	..	5,428	76	22
23	Mississippi	66	2,940	288	66,045	1,071	4	4,296	..	1,615	4,252	2	527	395	340		..	..	..	.....	..	1	50	6	397	10	..	..	..	.....	..	23
24	Missouri	96	10,050	1,169	165,033	6,276	18	13,733	..	3,566	12,638	7	1,390	1,440	1,284		8	449	309	3,272	227	4	462	4	5,153	173	1	14	..	1,900	6	24
25	Montana	49	2,877	395	35,570	1,481	2	2,193	..	566	2,129	1	150	196	137		1	18	16	42	10	3	161	12	2,333	62	..	..	..	.....	..	25
26	Nebraska	87	4,364	570	69,624	2,274	5	5,114	..	686	5,096	1	160	159	154		1	80	15	119	33	..	..	..	.....	..	..	..	..	.....	..	26
27	Nevada	13	333	49	6,506	184	1	250	..	95	226	..	.....	.....	.....		..	..	..	.....	..	4	120	10	1,452	50	..	..	..	.....	..	27
28	New Hampshire	34	1,950	341	39,980	1,146	3	2,295	..	661	2,204	2	210	137	176		1	22	18	227	6	..	..	..	.....	..	..	..	..	.....	..	28
29	New Jersey	88	12,445	1,995	232,967	8,398	28	21,169	..	5,825	19,653	18	2,813	4,495	2,612		2	280	283	5,975	183	1	19	6	400	8	2	78	..	2,522	49	29
30	New Mexico	33	1,532	155	18,892	756	2	775	..	190	771	8	1,254	1,302	697		..	..	..	.....	..	5	219	10	1,075	70	..	..	..	.....	..	30
31	New York	330	52,541	6,572	936,814	36,893	70	82,834	45	29,637	79,755	59	10,312	14,085	9,789		19	1,359	840	20,102	919	2	26	..	335	9	9	732	2	29,902	385	31
32	North Carolina	98	5,356	669	102,990	2,883	9	7,263	..	3,250	6,963	20	2,373	2,731	1,780		2	77	42	135	27	3	109	11	1,331	41	5	95	..	3,009	22	32
33	North Dakota	45	2,161	343	49,419	1,233	2	2,784	..	509	2,444	1	265	200	239		2	60	40	212	35	..	..	..	.....	..	1	10	1	650	5	33
34	Ohio	155	18,226	2,289	281,619	11,077	32	26,573	1	7,013	25,708	21	3,215	3,556	2,997		11	318	185	2,251	149	2	31	2	151	4	4	43	2	605	3	34
35	Oklahoma	99	4,910	521	80,171	2,573	6	7,205	..	2,708	4,124	6	887	1,210	767		1	12	10	440	12	..	..	..	.....	..	..	..	..	.....	..	35
36	Oregon	54	3,721	447	61,960	2,198	6	4,984	..	1,275	4,611	4	524	606	463		2	103	17	133	41	1	30	..	185	4	1	37	..	1,784	5	36
37	Pennsylvania	226	31,250	4,035	513,983	19,301	47	38,909	13	11,911	38,195	20	4,331	5,778	3,808		10	456	265	3,637	374	1	19	4	167	....	3	313	..	6,763	156	37
38	Rhode Island	16	3,080	247	30,105	2,144	4	3,136	..	805	3,050	2	495	419	415		1	155	155	3,029	104	..	..	..	.....	..	1	15	..	186	3	38
39	South Carolina	45	3,053	288	50,180	1,733	3	4,009	..	1,293	4,001	6	539	565	436		..	..	..	.....	..	..	..	..	.....	..	..	..	..	.....	..	39
40	South Dakota	54	2,286	304	36,581	1,146	2	2,428	..	398	2,108	1	192	101	160		..	..	..	.....	..	1	25	5	425	12	..	..	..	.....	..	40
41	Tennessee	63	5,270	478	94,617	3,080	8	6,180	..	2,551	5,880	6	1,112	943	884		2	103	21	1,215	54	1	10	..	12	1	6	118	2	4,155	31	41
42	Texas	225	12,594	1,349	216,186	5,902	15	13,645	..	3,686	13,431	18	2,008	3,702	1,610		8	92	28	195	16	8	498	15	6,035	212	5	71	..	2,569	12	42
43	Utah	26	1,629	244	24,851	904	3	1,254	..	402	1,211	..	.....	.....	.....		1	20	15	240	7	2	60	11	539	21	..	..	..	.....	..	43
44	Vermont	22	1,139	169	22,438	704	4	2,059	..	693	1,883	2	171	230	137		..	..	..	.....	..	1	33	7	273	6	..	..	..	.....	..	44
45	Virginia	73	6,428	599	95,129	3,676	9	9,747	..	3,444	8,681	7	1,153	1,311	984		1	30	30	46	..	5	137	11	3,160	90	1	25	..	518	2	45
46	Washington	81	6,784	992	101,962	3,604	8	7,666	..	1,998	7,361	11	1,259	1,749	1,106		4	125	71	324	72	2	57	5	471	1	..	..	..	.....	..	46
47	West Virginia	59	4,302	417	82,165	2,123	5	4,052	..	1,079	3,749	6	690	727	608		1	24	24	29	..	1	110	20	2,254	79	1	10	..	305	3	47
48	Wisconsin	127	11,286	1,613	169,957	6,005	53	14,756	14	6,389	14,175	21	1,954	1,875	1,845		1	9	35	129	5	1	10	4	232	5	1	45	..	867	10	48
49	Wyoming	29	862	113	12,427	433	3	1,282	..	279	1,208	1	33	31	28		..	..	..	.....	..	2	28	9	287	8	..	..	..	.....	..	49
50	Totals (1934)	4,198	392,425	47,836	6,291,556	237,295	614	513,845	84	172,415	486,481	495	76,051	97,455	59,699		130	7,625	4,131	76,986	4,647	113	5,575	343	69,699	2,423	55	2,795	19	105,730	1,995	50
51	(1933)	4,257	386,713	47,698	6,071,343	231,692	621	496,265	..	170,633	474,787	497	79,092	94,327	60,201		124	7,976	4,060	82,250	4,857	118	5,923	364	69,746	2,620	56	2,822	20	108,565	1,195	51
52	(1932)	4,295	395,543	46,586	6,393,573	250,495	624	479,548	..	169,851	455,473	512	69,676	93,112	59,522		126	7,558	4,096	93,439	4,810	122	6,078	380	70,715	2,883	58	2,718	29	116,527	1,337	52
53	(1931)	4,389	394,333	45,434	6,321,861	247,309	597	451,345	..	.....	427,135	509	65,823	89,502	56,088		145	8,078	5,082	91,496	4,737	142	6,476	436	93,415	3,118	64	2,774	27	113,702	1,444	53
54	(1930)	4,392	371,609	43,941	.....	240,284	561	437,919	..	.....	415,042	515	65,949	.....	56,372		151	6,327	4,496	.....	4,126	155	6,875	474	.....	3,646	73	2,702	14	.....	1,428	54
55	(1929)	4,366	357,034	42,715	.....	234,009	572	414,386	..	.....	395,407	502	61,310	.....	50,707		146	5,434	4,023	.....	3,412	152	7,094	479	.....	3,824	68	2,646	12	.....	1,383	55
56	(1928)	4,361	362,337	38,339	.....	.....	553	394,928	..	.....	.....	508	62,113	.....	.....		164	5,912	3,821	.....	.....	169	7,290	449	.....	.....	77	2,879	21	.....	.....	56
57	(1927)	4,322	345,364	.....	.....	229,084	563	373,384	..	.....	349,697	508	63,170	.....	50,784		176	5,747	.....	.....	3,866	169	7,699	.....	.....	3,712	77	2,832	..	.....	1,302	57

Table 2.—Hospital Facilities by States and Type of Service—Continued

Area	Children's					Orthopedic					Isolation					Convalescent and Rest					Hospital Departments of Institutions					All Other Hospitals					Totals					Marginal No.
	Hospitals	Beds	Bassinets	Patients Admitted	Average Census	Hospitals	Beds	Bassinets	Patients Admitted	Average Census	Hospitals	Beds	Bassinets	Patients Admitted	Average Census	Hospitals	Beds	Bassinets	Patients Admitted	Average Census	Hospitals	Beds	Bassinets	Patients Admitted	Average Census	Hospitals	Beds	Bassinets	Patients Admitted	Average Census	Hospitals	Beds	Bassinets	Patients Admitted	Average Census	
1 Alabama	1	50	..	865	29	..	..	..	....	..	..	..	..	....	..	1	10	..	175	6	9	300	1	4,800	121	..	..	..	.....	..	66	11,570	600	87,188	8,470	1
2 Arizona	..	..	..	....	..	..	..	..	....	..	..	..	..	....	..	2	11	..	25	8	1	20	..	10	13	..	..	..	.....	..	66	4,700	217	31,706	3,115	2
3 Arkansas	1	76	..	710	35	..	..	..	....	..	..	..	..	....	..	..	..	..	....	..	4	278	..	850	233	2	36	2	111	1	67	8,662	223	41,813	4,600	3
4 California	3	278	10	6,178	167	2	145	..	2,650	132	2	116	..	108	5	15	449	..	1,566	346	12	1,538	2	6,366	1,214	7	350	5	1,874	185	302	63,140	3,675	454,070	48,351	4
5 Colorado	1	147	10	3,102	122	..	..	..	....	..	2	98	..	600	24	..	..	..	....	..	5	186	..	1,527	154	..	..	..	.....	..	103	12,414	561	80,334	8,582	5
6 Connecticut	..	..	..	....	..	1	190	..	134	183	2	211	2	819	55	5	64	..	93	31	11	700	70	3,931	567	1	24	1	773	16	92	17,540	1,035	150,698	14,884	6
7 Delaware	..	..	..	....	..	..	..	..	....	..	..	..	..	....	..	..	..	..	....	..	..	..	..	....	..	..	..	..	.....	..	15	2,285	112	14,856	1,708	7
8 District of Columbia	1	182	..	4,159	129	..	..	..	....	..	..	..	..	....	..	1	22	..	100	10	3	129	..	582	94	1	102	..	98	137	33	12,557	684	89,622	10,275	8
9 Florida	2	69	..	823	30	3	86	..	282	62	..	..	..	....	..	2	95	..	224	42	3	126	2	1,676	53	..	..	..	.....	..	93	9,503	541	70,427	6,954	9
10 Georgia	1	50	2	884	21	2	60	..	225	100	..	..	..	....	..	..	..	..	....	..	4	342	..	2,026	186	3	142	1	1,511	86	102	14,061	565	110,571	10,667	10
11 Idaho	..	..	..	....	..	..	..	..	....	..	1	10	..	6	5	..	..	..	....	..	2	62	..	669	16	..	..	..	.....	..	30	3,301	238	27,218	2,984	11
12 Illinois	4	600	24	6,456	265	2	180	..	414	157	3	313	..	3,651	270	6	251	..	1,292	161	15	768	25	8,020	611	2	646	..	1,994	528	320	60,926	4,035	508,392	55,846	12
13 Indiana	1	270	..	3,508	233	..	..	..	....	..	1	10	..	29	..	2	41	..	78	11	11	501	7	5,790	294	1	39	4	145	12	139	23,016	1,140	132,487	16,191	13
14 Iowa	..	..	..	....	..	..	..	..	....	..	1	67	3	338	16	2	65	..	52	58	9	564	36	7,005	356	..	..	..	.....	..	150	19,614	1,105	126,365	15,563	14
15 Kansas	..	..	..	....	..	..	..	..	....	..	..	..	..	....	..	..	..	..	....	..	12	559	..	4,875	282	..	..	..	.....	..	127	13,695	752	89,026	10,136	15
16 Kentucky	1	75	..	990	68	2	97	..	292	73	..	..	..	....	..	..	..	..	....	..	3	162	..	1,829	62	2	150	..	854	11	109	13,546	1,000	94,255	10,499	16
17 Louisiana	..	..	..	....	..	1	60	..	154	37	..	..	..	....	..	1	30	..	306	20	2	34	..	302	105	1	555	..	64	356	61	13,232	411	130,691	11,189	17
18 Maine	1	100	..	423	61	..	..	..	....	..	1	29	..	6	2	1	16	..	....	..	..	..	..	....	..	1	10	3	175	8	68	6,634	436	48,484	5,304	18
19 Maryland	..	..	..	....	..	2	200	..	477	137	1	110	..	1,382	69	3	100	..	292	92	5	170	..	1,885	89	2	145	..	595	129	82	17,773	646	165,192	14,691	19
20 Massachusetts	6	500	..	8,576	353	5	682	..	923	561	5	185	15	989	52	9	317	..	1,053	222	12	528	12	4,948	270	11	901	..	4,346	605	272	56,414	3,141	340,291	47,622	20
21 Michigan	1	239	..	6,275	205	..	..	..	....	..	4	321	6	1,554	116	6	387	..	708	281	13	971	10	6,119	603	3	51	..	710	16	242	42,529	2,111	281,371	33,102	21
22 Minnesota	1	65	..	1,978	16	2	310	..	790	296	3	56	..	88	5	6	282	1	2,166	97	8	387	..	4,120	246	4	214	..	291	184	217	27,604	1,538	188,805	21,451	22
23 Mississippi	..	..	..	....	..	..	..	..	....	..	..	..	..	....	..	..	..	..	....	..	2	121	..	640	44	..	..	..	.....	..	76	7,934	304	49,692	5,717	23
24 Missouri	2	388	12	6,971	289	1	100	..	424	110	2	277	..	5,199	265	2	115	..	511	68	9	535	..	1,946	351	4	135	..	2,011	92	154	27,638	1,494	194,585	21,719	24
25 Montana	..	..	..	....	..	..	..	..	....	..	1	35	..	65	4	..	..	..	....	..	1	25	6	150	2	1	16	..	.....	..	50	5,475	429	38,922	3,825	25
26 Nebraska	..	..	..	....	..	1	110	..	321	94	1	18	..	4	..	..	..	..	....	..	5	297	11	655	115	1	15	3	.....	..	102	10,088	569	62,588	7,760	26
27 Nevada	1	30	..	356	11	..	..	..	....	..	..	..	..	....	..	..	..	..	....	..	..	..	..	....	..	..	..	..	.....	..	19	1,033	52	8,469	971	27
28 New Hampshire	1	30	..	285	15	..	..	..	....	..	1	67	..	112	9	..	..	..	....	..	2	81	..	414	12	1	44	..	12	61	63	4,190	250	32,582	3,901	28
29 New Jersey	2	109	..	802	30	5	686	..	3,175	333	6	1,709	2	5,907	799	6	387	..	1,025	259	11	564	3	4,879	266	1	25	..	37	14	172	40,335	2,290	268,079	32,592	29
30 New Mexico	..	..	..	....	..	1	36	12	150	15	..	..	..	....	..	..	..	..	....	..	1	36	..	360	10	..	..	..	.....	..	30	3,852	177	21,669	2,219	30
31 New York	7	847	29	10,178	642	14	1,946	..	11,695	1,564	8	1,141	..	11,535	698	27	1,302	..	8,199	898	32	5,009	65	14,980	3,962	17	2,771	..	10,682	2,343	594	109,880	7,561	1,078,114	137,857	31
32 North Carolina	4	152	14	1,070	81	1	150	..	383	143	..	..	..	....	..	..	..	..	....	..	4	171	..	662	134	1	35	2	759	18	147	15,781	729	116,320	11,192	32
33 North Dakota	..	..	..	....	..	..	..	..	....	..	2	59	..	55	2	..	..	..	....	..	2	105	4	293	80	..	..	..	.....	..	55	5,444	268	37,545	4,022	33
34 Ohio	3	341	17	7,828	213	2	86	..	49	30	3	125	4	448	16	5	397	10	1,049	191	21	1,514	5	11,882	867	5	515	..	959	476	264	51,294	2,315	317,880	41,621	34
35 Oklahoma	..	..	..	....	..	2	80	..	660	21	..	..	..	....	..	..	..	..	....	..	4	160	..	2,464	32	..	..	..	.....	..	118	13,254	551	87,611	7,529	35
36 Oregon	2	117	1	2,585	56	1	50	..	260	52	1	70	6	441	20	2	40	..	280	19	3	60	..	847	28	1	60	10	120	52	75	9,716	681	70,717	7,547	36
37 Pennsylvania	6	519	..	7,917	329	8	631	..	1,791	685	6	1,542	..	5,708	424	11	428	30	3,346	312	22	1,276	24	4,507	857	8	539	..	1,823	454	308	80,313	4,380	568,835	64,895	37
38 Rhode Island	..	..	..	....	..	..	..	..	....	..	..	..	..	....	..	3	237	..	371	89	3	85	..	754	69	3	321	..	2,398	250	32	7,589	402	37,881	6,121	38
39 South Carolina	..	..	..	....	..	1	60	..	360	60	..	..	..	....	..	..	..	..	....	..	5	175	..	2,823	38	1	10	..	.....	..	62	7,861	260	55,377	6,271	39
40 South Dakota	..	..	..	....	..	..	..	..	....	..	..	..	..	....	..	..	..	..	....	..	1	25	..	148	30	..	..	..	.....	..	60	4,586	208	33,268	3,440	40
41 Tennessee	..	..	..	....	..	4	182	..	1,199	119	1	30	..	43	7	1	39	2	84	11	7	904	..	3,122	701	..	..	..	.....	..	99	14,689	395	107,942	10,856	41
42 Texas	2	97	9	1,263	60	2	62	..	775	47	1	35	..	19	..	1	16	..	25	3	6	631	..	6,810	439	3	49	..	707	15	289	29,756	1,491	249,022	21,705	42
43 Utah	1	25	..	98	26	1	20	..	45	20	..	..	..	....	..	..	..	..	....	..	..	..	..	....	..	..	..	..	.....	..	34	3,028	270	26,168	2,189	43
44 Vermont	..	..	..	....	..	..	..	..	....	..	..	..	..	....	..	..	..	..	....	..	2	36	..	135	9	..	..	..	.....	..	32	3,409	178	25,689	2,759	44
45 Virginia	1	25	..	806	12	..	..	..	....	..	1	30	..	81	3	1	42	2	95	28	8	805	14	3,004	565	..	..	..	.....	..	107	16,443	598	107,699	14,041	45
46 Washington	..	..	..	....	..	2	155	..	1,529	132	2	130	..	155	11	4	216	..	813	299	7	327	6	2,565	222	..	..	..	.....	..	121	16,519	1,044	111,497	12,529	46
47 West Virginia	..	..	..	....	..	1	55	..	....	..	..	..	..	....	..	1	30	..	....	..	1	20	..	576	16	..	..	..	.....	..	76	9,302	661	87,128	6,589	47
48 Wisconsin	1	155	..	2,695	102	..	..	..	....	..	4	259	7	1,415	110	1	16	..	65	6	8	674	17	2,304	293	5	392	4	4,383	126	223	29,466	1,604	180,771	22,692	48
49 Wyoming	..	..	..	....	..	..	..	..	....	..	1	15	..	8	1	..	..	..	....	..	..	..	..	....	..	..	..	..	.....	..	27	2,220	122	13,122	1,676	49
50 Totals (1934)	58	5,286	146	87,571	3,629	69	6,380	12	28,076	5,028	71	7,430	45	38,949	2,984	125	5,456	45	24,082	3,580	312	21,982	310	135,272	14,500	94	8,122	35	26,730	6,462	6,234	1,048,101	53,029	7,147,616	883,088	50
51 (1933)	58	5,486	126	90,307	3,618	69	6,461	10	26,530	4,984	71	6,780	16	40,604	2,801	130	5,489	50	27,383	3,802	343	21,582	152	151,074	12,991	102	8,362	18	114,849	5,643	6,437	1,027,046	52,464	7,027,992	810,271	51
52 (1932)	58	5,353	172	83,166	3,629	69	6,502	..	21,602	5,259	70	7,314	33	41,374	2,856	132	5,367	32	25,099	3,954	326	21,624	133	151,021	13,151	74	4,192	12	38,502	3,104	6,362	1,014,354	56,233	7,228,151	888,445	52
53 (1931)	58	5,463	272	82,416	3,623	69	6,589	..	27,542	5,131	66	7,635	30	40,210	2,837	133	6,123	43	28,629	4,429	434	25,421	137	151,291	16,249	76	4,197	19	35,604	2,845	6,613	974,115	51,494	7,156,976	775,594	53
54 (1930)	62	5,597	258	.....	3,756	64	6,346	..	.....	5,391	66	7,608	44	.....	2,660	162	7,374	77	.....	5,054	460	27,222	109	.....	17,855	126	10,149	95	.....	7,943	6,719	955,880	49,584	.....	763,302	54
55 (1929)	61	5,443	248	.....	3,588	61	5,943	..	.....	4,768	65	7,422	29	.....	2,677	149	6,474	75	.....	4,588	473	24,732	170	.....	15,564	127	9,305	70	.....	6,942	6,665	907,133	47,939	.....	728,766	55
56 (1928)	65	5,669	377	.....	.....	64	5,713	.....	.....	.....	92	8,479	113	.....	.....	171	7,347	69	.....	.....	529	22,831	161	.....	.....	99	7,066	9	.....	.....	6,925	876,564	43,315	.....	.....	56
57 (1927)	58	5,050	.....	.....	3,467	62	5,565	.....	.....	4,456	98	8,805	.....	.....	3,264	159	8,143	.....	.....	5,589	530	21,990	.....	.....	12,453	84	6,189	.....	.....	5,139	6,807	853,318	.....	.....	671,852	57

The list beginning on page 1091 was subject to additions and removals of hospitals until going to press; totals of the list, therefore, may vary slightly from tables 1 and 2, which were prepared as of Dec. 31, 1934.

(Continued from page 1081)

HOSPITALS BY SIZE

No phenomenon regarding hospitals is more striking than the decline in the number of small hospitals and the corresponding increase in the number of large hospitals during the past decade.

Hospitals by Size, 1924-1934

Year	Under 10 Beds	10-25	26-50	51-100	101-200	201-300	Over 300 Beds	Total
1924	665	2,301	1,744	1,297	746	256	451	7,320
1928	325	2,129	1,586	1,248	788	311	480	6,852
1934	191	1,661	1,485	1,215	841	361	580	6,334

During that time, hospitals of less than ten beds declined in number from 665 to 191, ten to twenty-five beds from 2,301 to 1,661, twenty-six to fifty beds from 1,744 to 1,485. Only in the size group of fifty-one to a hundred beds capacity did the number of hospitals

Totals According to Type of Service, 1934, Condensed from Table 2

	Hospitals	Beds	Bassinets	Patients Admitted	Average Census	Patient Days	Average Length of Stay
General	4,198	366,425	47,856	6,291,536	257,395	86,649,175	14
Nervous and mental	614	515,845	84	172,415	466,491	170,295,565	1,004
Tuberculosis	495	70,083	..	82,455	59,689	21,786,485	264
Maternity	130	7,625	4,131	76,980	4,647	1,696,155	22
Industrial	113	5,575	343	69,609	2,423	884,395	13
Eye, ear, nose and throat	55	2,705	19	103,730	1,365	481,725	4
Children's	58	5,386	166	87,571	3,629	1,324,585	15
Orthopedic	69	6,360	12	29,076	5,003	1,824,095	65
Isolation	71	7,430	45	38,949	2,934	1,070,910	27
Convalescent and rest	125	5,456	45	24,083	3,560	1,306,700	54
Hospital departments of institutions	312	21,582	310	135,272	14,760	5,325,350	39
All other hospitals	94	8,132	35	36,730	6,462	2,358,630	64
Totals	6,334	1,048,101	53,026	7,147,416	830,088	302,985,770	42

Percentages of Beds Occupied

	1929	1930	1931	1932	1933	1934
According to Ownership or Control:						
Federal	76.8	79.2	76.5	78.2	75.0	74.7
State	94.6	93.8	94.2	94.2	94.3	94.5
County	80.7	82.2	81.2	84.1	85.8	84.9
City	74.3	75.9	76.3	82.8	83.0	83.2
City-county	80.2	81.6	82.0	72.4	75.5	78.3
Total governmental	88.9	88.8	88.7	89.8	90.1	89.8
Church	66.7	64.2	63.2	59.6	54.9	56.3
Fraternal	68.7	67.4	69.0	66.8	64.5	66.5
Associations and restricted corporations*	....	....	....	....	....	60.1
Industrial	54.4	53.1	48.2	47.7	44.4	....
Independent associations	63.9	63.4	64.3	61.3	56.5	....
Total nonprofit	....	....	....	....	....	58.6
Individual and partnership	54.2	51.7	48.7	45.6	41.1	40.9
Corporations (unrestricted as to profit)*	....	....	....	....	....	46.3
Total proprietary	....	....	....	....	....	44.8
Total nongovernmental	64.6	63.2	61.9	59.2	55.3	56.5
According to Type of Service:						
General	65.5	64.7	64.4	63.3	59.9	60.3
Nervous and mental	95.7	94.8	94.6	94.9	95.1	95.0
Tuberculosis	82.7	85.5	85.0	85.4	85.3	85.2
Maternity	62.8	63.2	58.6	63.6	60.9	60.9
Industrial	54.6	53.0	48.1	47.4	44.2	43.4
Eye, ear, nose and throat	47.7	53.0	52.0	49.9	45.6	45.3
Children's	65.9	67.0	69.9	67.8	65.9	67.3
Orthopedic	80.2	83.5	78.1	79.4	76.9	76.7
Isolation	36.1	32.7	38.6	39.9	41.2	39.4
Convalescent and rest	70.9	68.3	72.3	67.4	69.2	65.6
Hospital departments of institutions	63.9	65.5	63.9	63.2	60.1	60.4
All other hospitals	74.6	78.3	69.2	74.0	79.3	79.2
Total all hospitals	80.1	79.8	79.6	79.7	78.8	79.2

* See text "Change in Classification," page 1076.

Unoccupied Beds in Hospitals

	1929	1932	1933	1934
According to Ownership or Control:				
Federal	13,868	16,167	18,809	19,638
State	21,884	25,309	24,119	26,021
County	12,625	13,645	11,363	12,782
City	14,699	11,869	11,774	12,049
City-county	2,807	2,249	2,234	2,469
Total governmental	65,832	69,189	68,299	72,888
Church	37,785	47,436	52,219	49,412
Fraternal	1,656	1,844	1,912	1,910
Associations and restricted corporations*	....	....	....	39,421
Industrial	3,107	3,171	3,201	....
Independent associations	54,794	64,809	71,305	....
Total nonprofit	....	....	....	110,045
Individual and partnership	17,373	19,430	19,639	17,383
Corporations (unrestricted as to profit)*	....	....	....	17,087
Total proprietary	....	....	....	34,470
Total nongovernmental	114,715	136,710	148,376	145,115
According to Type of Service:				
General	123,025	145,048	153,021	156,030
Nervous and mental	14,979	24,075	24,169	25,264
Tuberculosis	10,088	10,154	10,301	10,374
Maternity	2,922	2,748	3,119	2,979
Industrial	3,180	3,185	3,203	3,152
Eye, ear, nose and throat	1,383	1,361	1,427	1,359
Children's	1,837	1,734	1,809	1,757
Orthopedic	1,175	1,353	1,407	1,386
Isolation	4,745	4,436	3,989	4,026
Convalescent and rest	1,896	1,913	1,887	1,876
Hospital departments of institutions	9,148	8,781	8,591	7,392
All other hospitals	2,364	1,680	1,725	1,679
Total unoccupied beds—all hospitals	180,267	205,509	214,775	218,005

* See text "Change in Classification," page 1076.

Summary of Growth of Hospitals, 1909 to 1934

Year	Federal Hospitals Number	Federal Hospitals Capacity	State Hospitals Number	State Hospitals Capacity	All Other Hospitals Number	All Other Hospitals Capacity	Total Number	Total Capacity
1909	71	8,827	232	180,049	4,056	223,189	4,359	412,065
1914	93	12,602	294	232,834	4,650	287,045	5,037	532,481
1918	110	18,815	303	262,254	4,910	331,182	5,323	612,251
1923	220	53,869	601	392,208	6,009	309,645	6,830	755,722
1928	294	61,765	585	369,739	5,963	681,410	6,842	892,914
1931	291	66,170	576	419,282	5,746	485,603	6,613	974,115
1932	301	74,151	568	442,601	5,693	497,602	6,562	1,014,354
1933	295	75,635	557	459,646	5,585	491,765	6,437	1,027,046
1934	313	77,985	544	473,985	5,477	497,201	6,334	1,048,101

remain practically stationary for the ten year period, having increased only from 1,207 to 1,215. Hospitals of from 101 to 200 beds capacity increased in number from 746 to 841, 201 to 300 beds from 256 to 361, and over 300 beds from 451 to 580.

PATHOLOGY DEPARTMENTS

The census of hospitals for the year 1929 revealed that 4,026 of the 6,665 hospitals then in existence had clinical laboratories. In 1933, 4,324 of the 6,437 hospitals then in existence had their own laboratories. In 1934, 4,271 of the 6,334 hospitals reported laboratories. The percentages of hospitals thus equipped are 60.41, 67.17 and 67.43 for the three years respectively.

In 1934, 2,950 hospitals, or 46.57 per cent of the total hospitals in existence, reported having physicians as pathologists or laboratory directors as compared with 2,878 or 44.71 per cent in 1933.

At present 876 hospitals report that laboratory work is in charge of other than physician-pathologists, as compared with 1,089 one year ago. Hospitals in the United States employ 6,105 laboratory technicians.

RADIOLOGY DEPARTMENTS

In 1929, 4,394, or 65.93 per cent of hospitals then in existence, reported that they had their own radiology

department. In 1933 there were 4,677, or 72.66 per cent, and in 1934, 4,488, or 70.86 per cent. Physicians serving as radiologists were reported for 1933 in 3,487 hospitals and for 1934 in 3,403 hospitals. Institutions having other than physician-radiologists numbered 892 in 1933 and 703 in 1934. Hospitals reported that they employ 4,300 x-ray technicians.

PHYSICAL THERAPY, DENTAL AND NURSING DEPARTMENTS

The present census shows that 2,008, or 31.7 per cent of hospitals, have physical therapy departments, as compared with 2,091 in 1927, or 30.72 per cent of hospitals then existing.

Dental departments have increased since 1927 from 796 to 1,168 and the number of dentists named as having hospital connection increased at the same time from 1,682 to 3,277. By referring to the accompanying table it will be seen that the number of dental departments has increased by 100 per cent or more in thirteen states.

Hospitals Having Departments of Physical Therapy and Dentistry and Accredited Schools of Nursing—1927 and 1934

	Physical Therapy Departments		Dental Departments				Accredited Schools of Nursing	
			1927		1934			
	1927	1934	Departments	Dentists	Departments	Dentists	1927	1934
Alabama	16	18	12	51	17	54	40	39
Arizona	16	11	2	3	3	4	3	4
Arkansas	22	17	7	9	4	5	26	8
California	133	130	28	80	56	205	55	48
Colorado	30	32	20	48	24	63	21	19
Connecticut	22	31	19	41	28	151	23	23
Delaware	6	4	3	6	4	18	5	7
Dist. of Columbia	13	14	11	18	12	38	13	11
Florida	20	24	6	21	9	30	18	13
Georgia	28	23	12	21	21	56	44	16
Idaho	18	16	2	2	2	4	9	9
Illinois	128	134	40	57	48	136	128	128
Indiana	54	47	30	29	22	64	34	27
Iowa	67	51	30	17	14	29	54	31
Kansas	44	37	9	13	18	34	37	30
Kentucky	33	22	12	21	12	32	29	21
Louisiana	24	19	9	19	12	40	20	15
Maine	21	20	4	5	12	22	21	25
Maryland	27	29	18	39	22	58	28	24
Massachusetts	74	76	66	124	85	220	94	87
Michigan	82	81	28	47	46	99	48	39
Minnesota	72	59	13	25	28	52	50	42
Mississippi	20	20	2	2	6	10	19	25
Missouri	30	36	21	40	28	90	42	36
Montana	17	10	1	1	4	4	17	12
Nebraska	38	33	7	11	15	34	27	15
Nevada	3	4	1	3	1	1	..	..
New Hampshire	12	13	7	11	6	10	22	22
New Jersey	62	64	36	67	61	161	45	51
New Mexico	7	6	1	1	9	9	2	2
New York	180	237	127	397	179	712	142	131
North Carolina	47	32	13	20	18	35	..	44
North Dakota	19	15	2	2	3	3	16	16
Ohio	102	83	51	124	66	219	72	71
Oklahoma	32	32	7	10	11	14	36	13
Oregon	26	23	5	7	7	10	15	10
Pennsylvania	134	143	81	150	100	294	165	142
Rhode Island	9	7	11	21	11	39	9	11
South Carolina	17	11	3	7	8	9	30	23
South Dakota	28	20	..	..	2	2	19	18
Tennessee	34	23	9	14	17	40	34	29
Texas	60	57	23	31	23	64	72	50
Utah	11	8	3	6	3	4	6	6
Vermont	10	14	1	3	7	10	12	12
Virginia	23	22	16	33	19	32	43	26
Washington	31	47	9	10	15	21	26	24
West Virginia	22	23	6	9	13	16	42	31
Wisconsin	73	60	12	15	20	37	36	33
Wyoming	10	6	..	..	3	3	7	2
Totals	2,091	2,008	796	1,682	1,168	3,277	1,814	1,531

Schools of nursing numbered 1,814 in 1927 and 1,531 in 1934, including for both years only the schools of nursing accredited by their respective state boards of nurse examiners. In addition, there were 264 unaccredited schools in 1927, and only eighteen in 1934.

SUPERINTENDENTS IN HOSPITALS

Thirty-five per cent of the superintendents or executives of hospitals are physicians holding the M.D. degree; 40 per cent are registered nurses, and 25 per cent are persons without medical or nursing degrees. The number of physicians serving as hospital superintendents was 2,226 in 1934, 2,312 in 1933, and 2,648 in 1925. Registered nurses for the same three years respectively numbered 2,551, 2,559 and 1,676. Superintendents not holding medical or nursing degrees, for the same years respectively, were 1,545, 1,548 and 2,528. The number of physician-superintendents is relatively high in states having a number of large hospitals.

Pathology and Radiology Departments, Directors and Technicians

	Number of Clinical Laboratories	Director		Number of Technicians	Number of X-Ray Departments	Director		Number of Technicians
		M.D.	Other			M.D.	Other	
Alabama	39	39	16	73	68	49	13	35
Arizona	27	16	6	14	27	27	7	16
Arkansas	51	34	12	31	51	49	10	39
California	231	164	41	394	202	166	43	291
Colorado	69	45	15	86	68	45	17	64
Connecticut	49	39	3	95	49	44	5	76
Delaware	9	9	1	13	11	11	..	9
Dist. of Columbia	24	24	..	62	23	22	1	37
Florida	68	43	23	65	69	49	14	54
Georgia	82	53	21	91	82	65	13	71
Idaho	28	14	9	19	30	20	9	24
Illinois	254	170	51	429	161	93	31	289
Indiana	95	59	22	115	104	67	21	89
Iowa	111	68	19	104	127	91	29	101
Kansas	69	34	18	91	97	74	14	68
Kentucky	72	38	30	68	78	58	18	60
Louisiana	48	30	9	66	49	40	4	41
Maine	43	25	13	46	32	30	11	43
Maryland	62	35	12	76	55	43	10	62
Massachusetts	188	144	30	347	185	161	14	198
Michigan	204	204	31	254	165	145	36	189
Minnesota	134	82	28	147	130	100	27	119
Mississippi	60	24	30	58	67	49	13	49
Missouri	108	83	19	178	110	96	8	127
Montana	29	15	10	34	30	25	5	35
Nebraska	57	41	13	59	72	58	10	54
Nevada	6	4	1	6	10	5	2	6
New Hampshire	27	20	4	32	30	28	1	28
New Jersey	114	98	15	176	116	102	8	118
New Mexico	23	16	3	15	33	28	3	17
New York	400	240	34	825	431	378	34	495
North Carolina	108	66	34	128	115	86	19	91
North Dakota	29	14	13	36	33	20	10	35
Ohio	191	124	41	286	183	147	26	183
Oklahoma	87	50	35	89	98	57	36	80
Oregon	46	29	11	75	54	39	12	69
Pennsylvania	279	225	41	475	267	233	23	267
Rhode Island	21	17	4	33	18	17	..	17
South Carolina	39	22	13	40	39	30	8	30
South Dakota	38	27	10	36	44	32	8	29
Tennessee	59	39	20	79	72	52	13	57
Texas	197	123	63	256	223	162	20	186
Utah	18	16	1	22	26	22	3	16
Vermont	20	14	4	16	23	20	2	20
Virginia	89	59	15	106	88	71	9	78
Washington	72	49	11	89	85	63	13	63
West Virginia	62	45	13	73	64	45	17	57
Wisconsin	135	84	25	167	141	30	28	124
Wyoming	18	14	2	10	23	15	6	12
Totals (1934)	4,271	2,930	876	6,105	4,488	3,403	703	4,300
(1933)	4,324	2,878	1,089	.....	4,677	3,487	892	.....
(1929)	4,026	.....	.....	.....	4,394	.....	.....	.....

BIRTHS IN HOSPITALS

The total births reported by all hospitals this census numbered 701,143, or 8,133 less than in 1933. There were 48,048 births in maternity hospitals, as compared with 55,249 in 1933. There were 648,995 in general hospitals, or 885 less than in 1933. Federal hospitals reported 6,098 births—a gain of 1,028 over 1933 and 3,802 over 1929. Births in governmental hospitals were 144,419—a gain of 2,740 over the previous year. The nongovernmental hospitals reported 556,724 births—a loss of 10,873 as compared with the previous year.

OUTPATIENT DEPARTMENTS

Outpatient statistics presented in an accompanying table give the total number of outpatient departments by states operated during the year 1934 as 2,319. There were 2,351 reported in 1933. The total number of patients this year was 9,885,465, compared to 9,519,427 in 1933. The total number of visits made by outpatients during the year was 34,358,606. The number of visits in 1933 was 32,822,077.

The table is arranged so that comparisons are readily made between the figures for recent years.

Along with the increase of 1,536,529 visits to outpatient departments in the last year, it is interesting to note that the number of patient days for bed patients in all hospitals amounted to 302,985,770.

During the past year the number of visits to outpatient departments in the state of New York rose from 7,743,191 to 8,238,764. For Illinois, the visits dropped from 2,772,437 to 1,536,982.

Superintendents in Hospitals

	M.D.	R.N.	Lay
Alabama	27	0	9
Arizona	41	9	16
Arkansas	27	22	18
California	120	136	125
Colorado	41	38	26
Connecticut	30	29	24
Delaware	5	7	3
District of Columbia	19	8	7
Florida	22	44	27
Georgia	53	27	19
Idaho	22	19	11
Illinois	83	132	85
Indiana	49	53	46
Iowa	41	76	42
Kansas	32	72	23
Kentucky	42	42	15
Louisiana	23	26	12
Maine	22	40	6
Maryland	37	28	17
Massachusetts	94	134	43
Michigan	87	110	45
Minnesota	60	80	49
Mississippi	41	29	6
Missouri	68	49	35
Montana	29	24	15
Nebraska	41	42	19
Nevada	12	2	5
New Hampshire	7	32	6
New Jersey	57	54	61
New Mexico	27	12	11
New York	213	216	104
North Carolina	58	61	27
North Dakota	15	28	12
Ohio	85	102	77
Oklahoma	46	29	31
Oregon	21	39	15
Pennsylvania	113	139	116
Rhode Island	13	6	13
South Carolina	20	29	13
South Dakota	23	23	13
Tennessee	46	33	20
Texas	110	121	58
Utah	17	7	10
Vermont	10	20	2
Virginia	38	47	22
Washington	42	49	30
West Virginia	37	29	10
Wisconsin	46	92	84
Wyoming	13	12	2
Totals (1934)	2,228 39%	2,551 46%	1,545 27%
(1933)	2,312 39%	2,559 46%	1,548 26%
(1925)	2,648 38%	1,676 27%	2,528 37%

Births in Hospitals

According to Ownership or Control:	1929	1933	1934
Federal	2,286	5,070	6,008
State	9,125	16,145	15,348
County	17,027	37,215	39,675
City	45,787	71,398	70,711
City-county	8,806	11,913	12,587
Total governmental	83,541	141,679	144,419
Church	209,736	215,959	210,597
Fraternal	1,750	1,922	1,630
Associations and restricted corporations*	.....	.....	200,137
Industrial	4,327	3,178	.....
Independent associations	283,136	310,718	.....
Total nonprofit	.....	.....	481,364
Individual and partnership	39,436	36,120	30,865
Corporations (unrestricted as to profit)*	.....	.....	44,495
Total proprietary	.....	.....	75,360
Total nongovernmental	538,355	567,597	556,724
According to Type of Service:			
General	561,754	649,880	648,995
Maternity	53,019	55,249	48,048
Industrial	4,423	3,181	2,856
Children's	662	679	696
Hospital departments of institutions	277	272	326
All other hospitals	1,561	15	222
Total births in all hospitals	621,896	709,276	701,143

* See text "Change in Classification," page 1076.

Outpatient Departments

	Number of Outpatient Departments, 1934	Number of Outpatients, 1934	Number of Visits by Outpatients, 1934
Alabama	31	108,951	420,519
Arizona	33	68,702	854,585
Arkansas	23	52,787	160,329
California	122	698,501	2,350,617
Colorado	32	59,629	182,787
Connecticut	29	73,971	296,355
Delaware	10	49,548	94,702
District of Columbia	19	119,998	386,401
Florida	35	68,898	256,521
Georgia	38	146,621	814,014
Idaho	17	6,302	21,189
Illinois	99	619,197	1,536,982
Indiana	40	164,841	331,083
Iowa	40	75,325	227,393
Kansas	43	210,212	461,179
Kentucky	33	103,718	232,567
Louisiana	19	138,657	585,299
Maine	27	28,905	122,349
Maryland	38	162,940	927,491
Massachusetts	127	595,193	2,048,908
Michigan	91	337,188	1,273,335
Minnesota	52	181,093	637,301
Mississippi	27	39,091	89,211
Missouri	45	230,891	866,944
Montana	18	28,110	83,417
Nebraska	19	22,435	52,085
Nevada	4	5,350	41,713
New Hampshire	22	11,428	24,605
New Jersey	95	564,660	1,438,044
New Mexico	25	31,483	235,982
New York	254	2,302,381	8,238,764
North Carolina	90	179,966	350,710
North Dakota	10	20,691	28,653
Ohio	82	362,910	1,467,473
Oklahoma	41	70,758	287,230
Oregon	16	36,292	171,679
Pennsylvania	197	1,046,805	3,807,958
Rhode Island	16	39,692	136,898
South Carolina	27	67,123	141,891
South Dakota	18	34,921	181,898
Tennessee	36	115,586	443,035
Texas	76	195,071	1,074,294
Utah	13	15,399	74,827
Vermont	12	14,881	22,812
Virginia	51	80,179	329,630
Washington	38	82,155	421,055
West Virginia	39	102,490	190,447
Wisconsin	49	132,675	415,706
Wyoming	10	16,691	13,700
Totals (1934)	2,319	9,885,465	34,358,606
(1933)	2,351	9,519,427	32,822,077
(1932)	2,389	8,186,811	28,959,215
(1931)	2,042	6,962,734	23,431,382
(1927)	2,150	6,750,389	13,804,556

*General Hospitals in Rural Areas Compared with Those in Urban Districts**

Rural: Places under 10,000 population. Urban: 10,000 and over.

	No. of Hospitals	Beds	Bassinets	Average Patients	Patients Admitted	Per Cent of Occupancy	Length of Stay
Rural	2,003	68,806	10,710	54,929	1,073,605	80.2	12 da.
Urban	2,031	282,023	37,921	176,060	5,022,436	62.4	13 da.

* Including all registered general hospitals except army, navy, marine and veterans.

METHODS OF REGISTERING AND APPROVING HOSPITALS

The inclusion of any hospital in the Register is an indication that evidence concerning irregular or unsafe practices in that hospital has not been available to the Council on Medical Education and Hospitals. Con-

siderable investigation is carried out in the case of each hospital before it is admitted to the Register.

First, hospitals supply information regarding their capacity, equipment, classification and list of staff. Each member of the staff is then looked up in the biographic files of the Association. Information and advice are obtained from the secretaries and other members of the county medical societies, from state, city or county health departments, from the councilors of the state medical association for the district in which the hospital is located, and from other sources. Investigation of hospitals for internship and residency approval is more comprehensive than for registration.

A personal visit by a member of our staff of hospital examiners is made to each hospital approved, or applying for approval, for internships or for residencies. An increasing number of other hospitals are being inspected.

The list of registered hospitals, by states, begins on page 1091 of this issue, where considerable data are given about each hospital. Classifications, symbols and abbreviations are explained at the head of the list. The list in each state is given in two sections: (1) hospitals and sanatoriums, and (2) related institutions. The related institutions include some general hospitals lacking certain essentials, nursing homes, school infirmaries, prison infirmaries, custodial and other institutions designed to give some medical, nursing or convalescent care in an ethical and acceptable manner, but not strictly hospitals. In the statistics the two classifications are consolidated.

Hospitals, Sanatoriums and Related Institutions

	Hospitals	Beds	Bassinets Hospitals	Births	Patients Admitted Beds	Average Census	Bassinets
Hospitals and sanatoriums	4,897	870,310	50,012	687,847	6,835,087	687,343	
Related institutions	1,437	168,791	3,014	13,296	312,329	142,755	
Total registered hospitals	6,334	1,048,101	53,026	701,143	7,147,416	830,098	

Hospitals in Alaska, Canal Zone, Guam, Hawaii, Philippine Islands, Puerto Rico and Virgin Islands

Alaska		19	695	69
Canal Zone		10	1,542	89
Guam		1	99	..
Hawaii		47	4,641	232
Philippine Islands		98	8,132	464
Puerto Rico		41	3,210	194
Virgin Islands		5	220	22
Totals	(1934)	221	18,430	1,020
	(1933)	215	18,794	1,036
	(1932)	204	18,335	729

There are 221 hospitals located in these territories. The distribution of those hospitals and their capacity are shown in the accompanying table. The total number of beds is 18,430 and of bassinets 1,020. Alaska with nineteen hospitals gained one during the past year, Hawaii with forty-seven has gained two, Philippine Islands with ninety-eight has added three, Puerto Rico with forty-one hospitals and the Virgin Islands with five remain the same. The statistics of the number of beds, the number of patients admitted, average census of patients and number of births for the year are omitted for these 221 hospitals, because such statistics have been received from only 70 per cent of these hospitals as this article goes to press.

HOSPITALS REFUSED REGISTRATION

There are 569 institutions which, because of alleged unethical or questionable practices, admission to their staffs of members who are seriously unqualified, either morally or professionally, flagrant methods of advertising, or for other valid reasons, are deemed unworthy of being included in any published list of reputable hospitals.

Hospitals Refused Registration

Alabama	5	Maine	7	Oklahoma	18
Arizona	3	Maryland	4	Oregon	12
Arkansas	9	Massachusetts	16	Pennsylvania	25
California	72	Michigan	16	Rhode Island	1
Colorado	20	Minnesota	10	South Carolina	3
Connecticut	2	Mississippi	2	South Dakota	3
Delaware	..	Missouri	24	Tennessee	9
Dist. of Columbia	1	Montana	6	Texas	36
Florida	23	Nebraska	21	Utah	..
Georgia	1	Nevada	1	Vermont	..
Idaho	2	New Hampshire	1	Virginia	3
Illinois	41	New Jersey	7	Washington	20
Indiana	18	New Mexico	..	West Virginia	2
Iowa	19	New York	31	Wisconsin	8
Kansas	27	North Carolina	6	Wyoming	3
Kentucky	10	North Dakota	3		
Louisiana	2	Ohio	27	Total	569

Only a little over 1 per cent of the total capacity of all hospitals is included in the 569 institutions that are refused registration. From the standpoint of hospitalization, therefore, they are, as a rule, not needed. Not only are they left out of the Register and the American Medical Directory but their names are consistently omitted from all the publications of the Association and they are refused admission to the advertising columns.

This helps to distinguish between the good and the bad in hospitals. As a result, it is considered a disgrace among hospitals and physicians to be refused registration, and institutions that are rejected are frequently aroused and correct the objectionable practices in order that they may be recognized. Public and professional opinion forces many such institutions to sell their buildings to more reputable owners or to close up.

The Register is used as a basic list of hospitals. Industrial and governmental agencies use it in selecting hospitalization for their dependents and beneficiaries. Physicians almost universally observe the Register in referring their patients.

The good work that the American Medical Association has accomplished by its vigilance in distinguishing between the fit and the unfit in the hospital field has been shared very largely by other organizations. The American College of Surgeons has cooperated by refusing to consider for its approval an unregistered hospital, and the American Hospital Association has followed the Register in considering applications for institutional membership. It is evident, also, that the public in general limits its patronage and its donations to hospitals that are considered worthy of a place in the Register.

MISCELLANEOUS FACILITIES FOR MEDICAL AND NURSING SERVICE

In addition to the 6,334 registered hospitals, sanatoriums and related institutions, and in addition to the 569 institutions refused registration, there is an unknown number of small places, some of which afford suitable living accommodations and medical and nursing care of a limited or special type. Among them are emergency stations, doctors' offices with living accommodations, small nursing and maternity hospitals, and

boarding places for tuberculous patients. Some of these places will, with the growth of population, develop into hospitals.

The capacity of these auxiliary types of places is unknown and hardly ascertainable. Our survey of hospitals has noted 1,535 of them. They constitute an important factor in medical and nursing care for certain districts, and as adjuncts to medical service.

SURVEY OF TUBERCULOSIS HOSPITALS

A plan for the study of all tuberculosis hospitals was adopted by the Council on Medical Education and Hospitals, Oct. 22, 1932, and by the House of Delegates of the American Medical Association in June 1933. The survey, which was planned to cover the original list of 500 tuberculosis sanatoriums, was extended to include children's preventoriums, hospitals for extrapulmonary tuberculosis and the large tuberculosis departments in hospitals of other classifications.

The National Tuberculosis Association and the American Sanatorium Association have extended their full cooperation. At the convention of the National Tuberculosis Association in Cincinnati in May 1934 the officials of these organizations offered their assistance in the preparation of the tuberculosis questionnaire. Subsequently, many of the sanatorium superintendents contributed valuable suggestions.

The inspection work, which was carried out by the Council's staff of hospital examiners, began in the spring of 1933 and was carried out in conjunction with the Council's investigation of other hospitals. Toward the end of the survey a questionnaire was sent to all sanatoriums in order to record changes and further supplement the information obtained by inspection. The inspections are now practically completed and it is also gratifying to report that more than 90 per cent of the hospitals have returned the tuberculosis questionnaire.

To gain further knowledge of the extent of tuberculosis hospitalization in the United States, the Council requested 6,117 additional hospitals to report the number of tuberculous patients admitted last year and the number now under treatment. Approximately 5,800 hospitals have reported to date.

At the Annual Congress on Medical Education and Licensure held in Chicago February 18 and 19, a program was included on the general and educational aspects of tuberculosis. One of the papers dealt with "The Function of the General Hospital in the Treatment of Tuberculosis."

It is expected that the tuberculosis survey will be completed by April 15 of this year and that a preliminary report can be made to the House of Delegates at the annual session of the American Medical Association in June. The results of the study will be made available also to the national tuberculosis organizations, the hospital field and to the medical profession at large.

INSPECTION OF SCHOOLS FOR TECHNICIANS

During recent years the Council on Medical Education and Hospitals has engaged in the study of schools for occupational therapists, laboratory technicians and physical therapy technicians. This was in response to requests of the American Occupational Therapy Association, the American Society of Clinical Pathologists and the American Physiotherapy Association, and by order of the House of Delegates of the American Medical Association.

The work of the Council is concerned with the education of technicians, their registration being in the hands of their own organizations.

1. *Schools of Occupational Therapy.* — The inspection of these schools, which began Nov. 27, 1933, was carried out in conjunction with the other activities of the Council, the schools being inspected by members of the staff on their regular tours among hospitals. Up to the present time, twelve schools have been visited.

Inspection included a study of the organization, faculty, physical plant, resources, administration, publicity, and a detailed study of the curriculum.

Essentials of an acceptable school of occupational therapy are being set up in cooperation with officials of the American Occupational Therapy Association. When these essentials are finally approved by the House of Delegates, a list of acceptable schools will be prepared.

2. *Schools for Clinical Laboratory Technicians.* — The Council began inspecting these schools in 1933 together with its regular hospital field work. The Council's study covers organization, faculty, physical plant, records, educational requirements, curriculum, advertising, and all other matters having any bearing on the operation of the school.

Of the 215 schools reported to be in operation, 112 have already been inspected. When the survey has been completed, the Council in conference with others will make the necessary changes in the existing educational standards. Following the approval of the essentials, a list of schools offering acceptable training in clinical laboratory technic will be prepared.

3. *Schools for Physical Therapy Technicians.*—The Council on Physical Therapy and the Council on Medical Education and Hospitals of the American Medical Association have been lending their cooperation to the Congress on Physical Therapy in the formulation of proper standards for the Registry of Physical Therapy Technicians.

The Board of Trustees of the American Medical Association in 1934 was directed to effect, if feasible, some plan for rating schools for physical therapy technicians. The Trustees passed the matter on to the Council on Medical Education and Hospitals.

The Council has inspected thirty out of the forty-three existing schools. On the completion of this survey, the Council together with the representatives of the American Physiotherapy Association, the Congress on Physical Therapy and the Council on Physical Therapy will formulate proper educational requirements and essentials for approved schools of physical therapy. When these essentials are approved by the House of Delegates of the American Medical Association, a list of approved schools for physical therapy technicians will be prepared.

PRACTICAL CONSIDERATIONS RELATING TO INTERNSHIPS AND RESIDENCIES

Advice or information is often sought of the Council on many matters affecting intern or residency training not essentially educational in substance. The inquiries most frequently made relate to: 1. The present supply and demand for interns. 2. Preferred methods of appointment of interns. 3. Proper appraisal of intern and residency services, particularly the kind of records that should be kept. 4. Salaries for interns.

Variation in custom and other local circumstances makes it inadvisable to present any single method or

procedure as offering superior advantages. The following suggestions, therefore, should be considered as having practical value since they represent, at least in part, successful methods in certain hospitals or medical schools at present.

INTERN SUPPLY AND DEMAND

The excess of approved internships over the number of applicants, which at one time was stated to be as much as a thousand places, has largely disappeared. An investigation has been made, therefore, into the number of available internships, the results of which are presented in the accompanying table. The three important factors which have reduced the number of openings each year are the increasing length of internships, repeaters, and the placement of foreign graduates.

There were 2,222 interns in the group serving over twelve months—on the average 20.7 months. Yearly replacements in this group, therefore, will amount to 1,285. By subtracting these figures from the total number of approved internships and total graduates seeking internships, there remain 3,982 twelve month services for 3,714 applicants, an excess of 268. However, the Council has records of 113 men who are repeating a year's rotating service. The number of foreign graduates placed will approximate this figure and, as a result, the Council has requested that hospitals which it has approved assign no internships to foreign graduates until all applicants from our own class A schools have been placed.

This scarcity of internships has been in part due to the temporary abandonment of intern training by the Navy, Army and Marine hospitals. The two latter groups of institutions are completing details for active resumption of intern training. With these and other hospitals recently approved and reinstated, about 172 additional openings will be provided.

SELECTION AND APPOINTMENT OF INTERNS

Hospital administrators, intern committees and deans of medical schools have at various times testified concerning the unsatisfactory methods now employed in making application for, and making appointments to, internships. Under existing circumstances, an enormous amount of energy and correspondence is necessary on the part of all involved—the intern, the hospital, and those who are called on to write character and aptitude references for applicants.

Many of the present difficulties could be minimized if practices already engaged in by deans or faculty intern committees could be enlarged and directed in more effective channels, if uniform application blanks were in use, if (still more important) uniform times of application and appointment were observed and, finally, if a central coordinating and placement bureau were established.

The following procedures are offered as suggestions for further discussion and improvement. Since most internships commence July 1, methods are recommended on this basis, but time relationships would be the same for appointment at any period.

1. The first step involves acceptance of a uniform internship application blank by all approved hospitals which will supply intern committees with sufficient data for intelligent selection of interns. These blanks will be handled as follows:

(*a*) Duplicate blanks will be supplied to each candidate at the medical school. He will submit these blanks properly filled out, together with his photograph, to his dean or faculty intern committee.

(*b*) The medical school authorities will verify the submitted data and add in space provided the candidate's class standing and their estimate of the student's probable performance as an intern.

(*c*) The candidate will submit at the same time as he presents his application, and on a separate form, his first, second and third choice of hospital.

(*d*) On an agreed date, for example, February 1, the original applications are sent by the dean to the first choice hospital. The duplicates are retained in the medical school files to provide against loss or other mishap to the original applications.

2. On receipt of the blanks, the hospital intern committee makes a selection of acceptable applicants—additional data if necessary are secured, arrangements for personal interviews are made, and any other procedures in keeping with hospital custom are carried out. Contracts are then dispatched to successful candidates and, if satisfactory, signed, witnessed and returned. All applications from unsuccessful candidates are returned to the medical school before March 1.

3. This second step will have been completed by March 1 and the entire procedure, using the same blank, is repeated for the second and third choice hospitals, the months of March and April being used to complete the performance.

Available Approved Internships

Number of approved internships, September 1934	6,204
Average length of internships	16 Mo.
Graduates seeking internship, 1934	4,909
Interns serving over 12 months	2,222
Total months served	46,084
Average length of internship	20.7 Mo.
Internships available in 1934	1,285
Twelve month internships	3,982
Total months served	47,784
Graduates placed in this group	3,714
Excess of internships over 1934 graduates	268

4. As soon as a hospital has obtained its complement of interns, the central bureau is notified and suitable means are taken by it to notify the medical schools.

5. The names of all candidates unabsorbed by May 1 would be submitted to the central bureau. Likewise, all approved hospitals would supply the same bureau with the number of unfilled appointments. Adequate arrangements for publicity or more direct methods of bringing intern and vacancy together could readily be brought about.

To be completely successful, this plan would operate even in hospitals controlled by or within the sphere of influence of the schools, or where other close relationship exists between medical school and hospital.

The plan seems to preserve to both hospital and intern as much free choice in selection as exists at present, imposes no great added burden to medical school committees, and relieves interns of the anxiety and physical burden of writing dozens of futile applications during the important closing months of their academic careers.

RECORDS OF INTERNSHIPS AND RESIDENCIES

The attention of all hospitals approved for internship or residency training has been directed on several occasions to the provision made by the Council for accurate registration of all hospital services in the biographic files of the American Medical Association. Hospitals have been asked, therefore, to maintain adequate records (as to the exact duration and type of experience obtained) on each intern or resident

employed and to submit this information to the American Medical Association annually on special forms supplied for this purpose.

The essential part of such a record system might well be the application blank itself. Data supplied by the candidate should be verified by direct correspondence with the medical school, a step already taken by the majority of institutions. Notations should also be made on the same blank to indicate when the internship or residency commenced and when it terminated and the date when this information was forwarded to the American Medical Association.

Many hospitals have extended this system to include periodic evaluations of the type of instruction and experience received by interns and residents, and also to receive at regular intervals from heads of clinical departments an appraisal of the service rendered, aptitude displayed and general attitude of each member of the house staff.

In the registration of credit in the files of the American Medical Association, most difficulty arises either from lack of agreement as to what constitutes an internship, externship or residency, or conflicting dates of duration of services. Both of these factors require an increasingly voluminous verifying correspondence. It is strongly hoped that in the near future uniform methods of designating the various gradations of house officers may be adopted throughout the hospital world, possibly according to the following definitions:

An intern is one who has been granted an M.B. or M.D. degree from an approved medical school, and, whether still enrolled in the medical school or not, enters a hospital shortly after graduation for at least twelve months of supervised clinical experience. Depending on the length of the internship, the service may be divided into junior, senior and intermediary grades, and, according to type, rotating, mixed or straight.

A resident has completed an approved internship and elects to continue for at least twelve months in a hospital in order to obtain an adequately supervised experience in a limited field of medicine or surgery. A residency may extend for as long as a progressive, graded service is offered, and provides for junior, assistant and chief residentships.

Clinical fellowships are distinguished from residencies as being extended periods of graduate study, under university control, which are provided for by endowment or other financial arrangement. They usually, though not always, involve the performance of original investigative work and frequently the fulfilment of definite requirements for advanced degrees.

The terms extern, houseman, wardman, and the like, have either outlived their usefulness or add unnecessary confusion to a system organized on such essentially simple lines as most house staffs are.

Allowances for Interns in Approved Hospitals

	Number of Hospitals				Number of Interns			
	1923	1927	1930	1933	1923	1927	1930	1933
Instruction and experience only...	195	184	159	203	1,660	2,541	2,842	3,214
Monthly allowance up to $25....	151	201	228	121	907	1,446	1,653	1,102
$25 and over.....	113	159	192	282	394	773	864	1,544
Bonus.....	5	24	67	59	24	150	570	460
Other arrangements.....	46	10	18	11	134	42	195	64
Totals.....	510	578	664	676	3,119	4,952	6,124	6,304

INTERN SALARIES

Data regarding salaries paid interns in approved hospitals have been presented in this number of THE JOURNAL from time to time. The accompanying table represents latest available statistics. Figures for a few other years are added for comparison. There has been no change in trends apparent in previous years. Although fewer interns than ever are paid, those hospitals which do grant allowances have become somewhat more generous.

Residency Statistics

Number of approved residencies, 1933	2,133
Number of approved residencies, 1934	2,373
Number of hospitals approved for residencies, 1933	339
Number of hospitals approved for residencies, 1934	377

Number of Available Residencies in Specialties, September 1934

Anesthesia	6	Obstetrics	79
Cardiology	2	Obstetrics-gynecology	129
Communicable diseases	34	Ophthalmology	83
Dermatology-syphilology	22	Ophthalmology-otolaryngology	60
Epilepsy	7	Orthopedics	85
Fractures	2	Otolaryngology	88
Gynecology	32	Pathology	110
Industrial surgery	2	Pediatrics	235
Leprosy	1	Psychiatry	230
Malignant diseases	34	Radiology	68
Maxillofacial surgery	1	Surgery	604
Medicine	326	Thoracic surgery	4
Mental deficiencies	6	Tropical diseases	3
Metabolic diseases	2	Tuberculosis	143
Mixed	23	Urology	58
Neurology	28		
Neurosurgery	9	Total	2,373

A comparison was made of current practices in governmental and private hospitals. No great difference was noted and in either case the larger the hospital, the more frequently are interns expected to consider that maintenance and instruction are the sole remuneration to which they are entitled.

The Council has neither objected to nor recommended paying interns, since up to the present it has always appeared most satisfactory to leave this question for individual solution by the hospitals according to the excellence and consequent demand for the internships.

COMPUTATION OF NECROPSIES

As reported previously, a change has been made in the Council's method of necropsy computation. All bodies removed from hospitals by coroners or medical examiners, and hence not available for examination in the presence of the interns, may be disregarded as hospital deaths. This ruling will affect also those bodies removed from hospitals and directed to medical schools for dissection. In this way, hospitals are not penalized because of official practices over which they have no control.

It will be remembered that the Council has for some years disregarded stillbirths either as deaths or as necropsies. Except as stated, all other deaths and necropsies should be counted.

RESIDENCY APPROVAL

An increasing number of hospitals are realizing the advantages of supplying postgraduate medical education on an approved basis. The statistical table indicates growth in this field during 1933-1934. The number of available opportunities in the various special classifications is also presented in the table. If additional hospitals feel qualified to supply residencies under any of these headings, copies of the requirements and application blanks may be had on request. Approval, it should be noted, is extended only to individual residencies that have undergone individual analysis and investigation.

HOSPITALS REGISTERED BY THE AMERICAN MEDICAL ASSOCIATION

The following list contains the names of 6,334 hospitals, sanatoriums and related institutions that are located in the United States and 221 in Alaska, Canal Zone, Guam, Hawaii, Philippine Islands, Puerto Rico and Virgin Islands. It omits the names of 569 hospitals which, after investigation, were not accepted. The inclusion of the name of any institution may be taken as an indication that evidence concerning irregular or unsafe practices in that institution has not come to the attention of the Council on Medical Education and Hospitals. The list in each state is given in two sections: (1) hospitals and sanatoriums, and (2) related institutions. The related institutions include some general hospitals lacking certain essentials, nursing homes, school infirmaries, prison infirmaries, custodial and other institutions designed to give some medical, nursing or convalescent care in an ethical and acceptable manner, but not strictly hospitals. In the statistics the two classifications are consolidated. The words "No data supplied" following the name of a hospital mean that no report was received although at least three requests were sent.

KEY TO SYMBOLS AND ABBREVIATIONS

* Approved for general internship, the fifth year in medicine, by the Council on Medical Education and Hospitals.

◆ Approved for certain residencies in specialties for graduates in medicine who have already had a general internship or its equivalent in private practice.

◇ School of nursing accredited by state board of nurse examiners.

● Affiliated for nurse training on state accredited basis.

The column headed "Type of Service" tells what diseases or conditions are treated in each institution, as follows:

Ca	Cancer	ENT	Eye, ear, nose and throat	Inst	Institutional	Orth	Orthopedic
Card	Cardiac	Gen	General	Mat	Maternity	SkCa	Skin and cancer
Chil	Children	G&TB	General and tuberculosis	MatCh	Maternity and children	TB	Tuberculosis
Chr	Chronic	Inc	Incurable	MeDe	Mentally deficient	TbIs	Tuberculosis and isolation
Conv	Convalescence and rest	Indus	Industrial	Ment	Mental	TbOr	Tuberculosis and orthopedic
Drug	Drug and alcoholic	Iso	Isolation	N&M	Nervous and mental	Ven	Venereal
Epil	Epileptic						

The column headed "Control" indicates for each institution the ownership, control, or auspices under which it is conducted, as follows:

GOVERNMENTAL		NONPROFIT ORGANIZATIONS	PROPRIETARY
Federal	State	Church	Individual
Indian Affairs	City	Fraternal	Partnership
United States Army	County	Nonprofit association	Corporation (unrestricted as to profit)
United States Navy	City-County		
United States Public Health Service			
Veterans Administration Facility			

ABBREVIATIONS

CyCo	City and county	Frat	Fraternal	NPAssn	Nonprofit association
Corp	Corporation unrestricted as to profit	I A	Office of Indian Affairs, Department of the Interior	Part	Partnership
Fed	Federal	Indiv	Individual	USPHS	United States Public Health Service
				Vet	Veterans Administration Facility

Population of cities is based on the 1930 census of the United States Bureau of the Census. Consultation with the Bureau led to this decision. Population of states is based on estimates of the Bureau as of July 1934. (See note to maps.)

ALABAMA

Hospitals and Sanatoriums	Type of Service	Control	Beds, Rated Capacity	Bassinets	Number of Births	Average Patients	Patients Admitted
Albertville, 2,716—Marshall							
Sand Mountain Infirmary	Gen	Indiv	24	2	5	3	122
Alexander City, 4,519—Tallapoosa							
Russell Hospital●	Gen	Indiv	54	4	29	8	600
Anniston, 22,345—Calhoun							
Garner Hospital●	Gen	City	66	6	92	30	1,507
Station Hospital	Gen	Army	73	..	..	47	1,336
Atmore, 3,035—Escambia							
Atmore General Hospital	Gen	Corp	18	2	18	8	340
Bellamy, 317—Sumter							
Bellamy Hospital	Gen	Indiv	16	2	9	3	155
Bessemer, 30,721—Jefferson							
Bessemer General Hospital	Gen	Corp	72	10	33	15	625
Birmingham, 259,678—Jefferson							
Birmingham Baptist Hospital●	Gen	Church	170	12	164	47	2,234
Children's Hospital●	Chil	NPAssn	50	..	..	28	865
Hill Crest Sanitarium	N&M	Indiv	50	..	..	27	250
Hillman Hospital●◆●	Gen	County	420	40	1,757	356	9,441
Jefferson Sanatorium	TB	County	105	..	..	75	182
Norwood Hospital●◇	Gen	Corp	210	16	119	70	3,677
St. Vincent's Hospital●	Gen	Church	113	12	181	65	2,452
South Highlands Infirmary●◇	Gen	Corp	136	17	407	60	3,028
Brewton, 2,618—Escambia							
Brewton Memorial Hospital	Gen	Indiv	20	2	8	..	...
Clanton, 1,847—Chilton							
Central Alabama Hospital	Gen	NPAssn	28	2	10	12	237
Decatur, 15,583—Morgan							
Benevolent Society Hosp.●◇	Gen	NPAssn	44	3	43	20	638
Dothan, 16,048—Houston							
Dr. M. S. Davis's Private Hospital	Gen	Indiv	30	6	No data supplied		
Frasier-Ellis Hospital●	Gen	Indiv	60	6	43	33	2,474
Moody Hospital●	Gen	Indiv	100	6	52	31	1,951
Enterprise, 3,702—Coffee							
Gibson Hospital	Gen	Indiv	30	2	16	6	617
Eufaula, 5,228—Barbour							
Britt Infirmary●	Gen	Indiv	30	4	..	15	...
Salter Hospital●	Gen	Indiv	45	6	22	15	568

ALABAMA—Continued

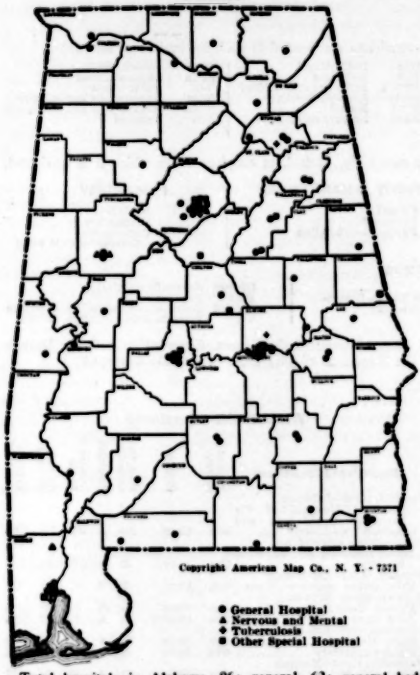
Hospitals and Sanatoriums	Type of Service	Control	Beds, Rated Capacity	Bassinets	Number of Births	Average Patients	Patients Admitted
Fairfield, 11,020—Jefferson							
Employees' Hospital of the Tennessee Coal, Iron and Railroad Company●	Gen	Corp	287	23	331	158	5,458
Florala, 2,560—Covington							
Young Infirmary and Lakeview Hospital	Gen	Indiv	40	4	No data supplied		
Florence, 11,729—Lauderdale							
Eliza Coffee Memorial Hosp.	Gen	City	50	6	57	16	727
Gadsden, 24,042—Etowah							
Forrest General Hospital●◇	Gen	Corp	75	12	55	21	1,275
Holy Name of Jesus Hospital●	Gen	Church	75	6	70	32	2,084
Greenville, 3,063—Butler							
Speir Hospital	Gen	Indiv	20	6	11	2	220
Stabler Infirmary	Gen	Indiv	20	3	No data supplied		
Huntsville, 11,554—Madison							
Huntsville Hospital●	Gen	NPAssn	71	4	39	14	767
Jackson, 1,828—Clarke							
South Alabama Infirmary	Gen	Corp	12	1	10	4	130
Jasper, 5,313—Walker							
Walker County Hospital●	Gen	Corp	50	4	36	33	1,155
Langdale, 510—Chambers							
Langdale Hospital	Surg	Corp	15	..	2	6	140
Mobile, 68,202—Mobile							
City Hospital●	Gen	City	188	18	320	95	6,506
Mobile County Tuberculosis Sanitarium	TB	CyCo	55	..	..	33	47
Mobile Infirmary●	Gen	NPAssn	90	10	82	40	3,330
Providence Infirmary●	Gen	Church	88	12	130	50	1,794
U. S. Marine Hospital	Gen	USPHS	100	..	..	127	1,172
Montgomery, 66,079—Montgomery							
Highland Park Sanatorium●	Gen	Indiv	40	12	216	21	1,179
Montgomery Tuberculosis Sanatorium	TB	NPAssn	60	..	..	33	49
St. Margaret's Hospital●	Gen	Church	120	14	240	80	3,606
Station Hospital	Gen	Army	25	..	19	16	413
Mt. Vernon, 610—Mobile							
Searcy Hospital (col.)	Ment	State	1,000	..	..	1,526	481

Key to symbols and abbreviations is at top of this page

ALABAMA—Continued

Hospitals and Sanatoriums	Type of Service	Control	Beds, Rated Capacity	Bassinets	Number of Births	Average Patients	Patients Admitted
Opelika, 4,158—Lee							
East Alabama Hospital	Gen	NPAssn	25	4	22	6	254
Roanoke, 4,573—Randolph							
Knight Sanatorium	Gen	Indiv	30	2	8	7	119
Scottsboro, 2,304—Jackson							
Hodges Hospital	Gen	Indiv	30	2	5	10	120
Selma, 18,012—Dallas							
Burwell Infirmary (col.)	Gen	Indiv	25	2	10	7	284
Goldsby King Memorial Hosp.	Gen	Corp	52	9	32	25	554
Good Samaritan Hosp. (col.)	Gen	Corp	35	7	12	12	576
Selma Baptist Hospital	Gen	Corp	65	6	125	15	1,000
Vaughan Memorial Hospital	Gen	Corp	30	6	52	16	853
Sheffield, 6,221—Colbert							
Colbert County Hospital	Gen	CyCo	75	2	27	14	847
Sylacauga, 4,115—Talladega							
Drummond Fraser Hospital§	Gen	Corp	50	15	162	12	711
Sylacauga Infirmary§	Gen	Corp	50	4	19	8	408

ALABAMA



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● General Hospital
▲ Nervous and Mental
◆ Tuberculosis
■ Other Special Hospital

Total hospitals in Alabama, 86; general, 62; general beds occupied, 54.1 per cent; population per general bed, 514.

Talladega, 7,596—Talladega								
Citizens' Hospital§	Gen	Corp	50	4	20	12	783
Troy, 6,814—Pike								
Beard Memorial Hospital§	Gen	Indiv	35	4	16	9	450
Edge Hospital§	Gen	Indiv	15	2	10	12	556
Tuscaloosa, 20,659—Tuscaloosa								
Bryce Hospital§	Ment	State	3,017	..	..	2,972	724
Druid City Hospital§	Gen	NPAssn	80	10	294	35	1,780
Veterans Admin. Facility	Gen	Vet	346	..	..	302	1,626
Tuskegee, 3,314—Macon								
Veterans Admin. Facility (col.)	Gen	Vet	1,154	..	..	817	1,506
Tuskegee Institute, 250—Macon								
John A. Andrew Memorial Hospital (col.)§¶	Gen	NPAssn	75	4	39	50	2,136
Related Institutions								
Alabama City, 8,544—Etowah								
Etowah County Tuber. Sanat.	TB	County	22	..	..	20	9

ALABAMA—Continued

Related Institutions	Type of Service	Control	Beds, Rated Capacity	Bassinets	Number of Births	Average Patients	Patients Admitted
Altoona, 1,068—Etowah							
Klein Hospital	Gen	Indiv	12	3	28	5	127
Birmingham, 259,678—Jefferson							
Alabama Boys' Industrial School	Inst	State	30	..	..	4	1,081
Children's Home Hosp. (col.)	Gen	NPAssn	17	3	6	7	202
Miss Quinn's Nursing Home	Conv	Indiv	10	..	..	6	175
Salvation Army Home and Hospital	Mat	Church	50	30	87	41	112
Demopolis, 4,687—Marengo							
Hand-Bailey Hospital	Gen	Indiv	10	4	10	1	56
East Tallassee, 2,040—Tallapoosa							
Community Hospital	Gen	Corp	19	1	9	10	263
Greensboro, 1,795—Hale							
Greensboro Hospital	Gen	Corp	14	1	9	4	137
Mobile, 68,582—Mobile							
Allen Memorial Home	Mat	Church	20	25	136	6	171
Mobile County Poor Asylum Hospital	Inst	County	30	..	No data supplied		
Monroeville, 1,355—Monroe							
Monroeville Infirmary	Gen	Indiv	16	..	..	3	129
Montevallo, 1,245—Shelby							
Peterson Hall	Inst	State	35	..	..	4	1,028
Montgomery, 66,578—Montgomery							
Eastern Star Hospital	Gen	Frat	20	..	..	12	212
Fraternal Hospital (col.)§	Gen	Indiv	35	10	56	12	371
Kilby Prison Hospital	Inst	State	60	..	..	30	2,169
Miriam Jackson Home	Inst	Church	25	..	..	..	..
Mountain Creek, 575—Chilton							
Jefferson Manly Falkner Soldiers' Home	Inst	State	30	..	No data supplied		
Selma, 18,012—Dallas							
Alabama Methodist Orphanage Hospital	Inst	Church	10	..	..	4	263
Talladega, 7,596—Talladega							
Goodnow Hospital (col.)	Inst	NPAssn	18	1	..	1	68
Tuscaloosa, 20,659—Tuscaloosa							
Partlow State School	MeDe	State	620	..	..	567	65
Wetumpka, 2,357—Elmore							
State Convict Tuber. Hospital	TB	State	73	..	..	50	94

Summary for Alabama:

	Number	Beds	Average Patients	Patients Admitted
Hospitals and sanatoriums	64	10,420	7,653	80,457
Related institutions	22	1,159	817	6,729
Totals	86	11,579	8,470	87,186
Refused registration	5	162		

ARIZONA

Hospitals and Sanatoriums	Type of Service	Control	Beds, Rated Capacity	Bassinets	Number of Births	Average Patients	Patients Admitted
Ajo, 3,859—Pima							
Phelps Dodge Hospital	Gen	NPAssn	35	5	..	12	157
Bisbee, 6,082—Cochise							
Copper Queen Hospital	Gen	NPAssn	55	6	67	12	444
Douglas, 9,858—Cochise							
Cochise County Hospital	Gen	County	93	4	44	73	892
Florence, 1,318—Pinal							
Pinal County Hospital	Gen	County	23	5	32	17	164
Ft. Defiance, 39—Apache							
Ft. Defiance Sanatorium	TB	I A	26	..	..	18	73
Southern Navajo General Hosp.	Gen	I A	82	6	39	73	1,727
Ft. Huachuca, 1,214—Cochise							
Station Hospital	Gen	Army	40	1	22	23	632
Ganado, 34—Apache							
Sage Memorial Hospital§	Gen	Church	65	15	49	61	826
Globe, 7,157—Gila							
Gila County Hospital	Gen	County	40	4	No data supplied		
Jerome, 4,922—Yavapai							
United Verde Copper Company Hospital	Gen	Corp	52	4	16	29	736
Kearns Canyon, 36—Navajo							
Hopi General Hospital	Gen	I A	40	3	23	29	758
Kingman, 2,050—Mohave							
Mohave General Hospital	Gen	County	35	5	34	8	243
Leupp, 58—Coconino							
Leupp Indian Hospital	Gen	I A	40	2	10	29	709
Mesa, 5,711—Maricopa							
South Side District Hospital	Gen	NPAssn	25	2	30	11	610
Morenci, 6,175—Greenlee							
Phelps-Dodge Hospital	Gen	Corp	18	3	6	3	134
Nogales, 6,006—Santa Cruz							
St. Joseph's Hospital	Gen	Church	15	2	20	8	240
Phoenix, 48,118—Maricopa							
Arizona State Hospital	Ment	State	948	..	..	876	342
Booker T. Washington Memorial Hospital (col.)	G&TB	Indiv	22	8	38	8	148
Good Samaritan Hospital§	Gen	Church	130	20	575	79	3,000
Phoenix Indian Hospital	Gen	I A	65	5	50	53	1,292
Phoenix Indian Sanatorium	TB	I A	150	..	..	97	291
Phoenix Sanatorium	TB	Indiv	80	..	..	29	35
St. Joseph's Hospital§¶	Gen	Church	173	15	365	86	4,015
St. Luke's Home	TB	Church	75	..	..	22	63
Prescott, 5,317—Yavapai							
Mercy Hospital	Gen	Church	30	7	63	14	580
Pamsetgnaf Sanatorium	TB	Indiv	30	..	No data supplied		
St. Luke's in the Mountains			(Included in St. Luke's Home, Phoenix)				
Ray, 5,459—Pinal							
Ray Hospital	Gen	Corp	20	3	24	6	276

Key to symbols and abbreviations is on page 1091

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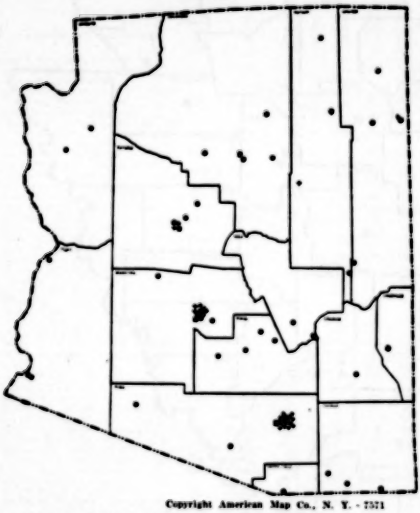
ARIZONA—Continued

Hospitals and Sanatoriums	Type of Service	Control	Beds, Rated Capacity	Bassinets	Number of Births	Average Patients	Patients Admitted
Sanston, 315—Pinal							
Pima Indian Hospital	Gen	I A	50	10	132	36	689
Safford, 1,708—Graham							
Morris-Squibb Hospital	Gen	Corp	20	2	9	5	147
San Carlos, 100—Gila							
San Carlos Indian Hospital	Gen	I A	29	5	22	17	487
Sells, 61—Pima							
Indian Oasis Hospital	Gen	I A	46	5	21	28	352
Superior, 2,525—Pinal							
Magma Hospital	Gen	Corp	15	4	5	3	98
Tuba City, 100—Coconino							
Western Navajo Hospital	Gen	I A	46	6	18	26	670
Tucson, 22,598—Pima							
Anson Rest Home	TB	Part	30	..	..	16	25
Barfield Sanatorium	TB	Indiv	22	..	..	12	12
Desert Sanatorium and Institute of Research	Gen	NPAssn	80	..	No data supplied		

ARIZONA



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● General Hospital ◆ Tuberculosis
♣ Nervous and Mental ● Other Special Hospital

Total hospitals in Arizona, 66; general, 36; general beds occupied, 61.3 per cent; population per general bed, 255.

St. Luke's In-the-Desert Sanitarium	TB	Church	35	..	..	18	25
St. Mary's Hospital and Sanatorium[9]	G&TB	Church	150	15	319	91	2,650
San Xavier Indian Sanatorium	TB	I A	35	..	..	..	33
Southern Methodist Hospital and Sanatorium	G&TB	Church	75	12	50	33	900
Southern Pacific Sanatorium	TB	NPAssn	82	..	..	43	68
Veterans Admin. Facility	G&TB	Vet	336	..	..	223	713
Whipple—Yavapai							
Veterans Admin. Facility	G&TB	Vet	600	..	..	235	1,042
Whiteriver, 52—Navajo							
Ft. Apache Agency Hospital	Gen	I A	46	6	29	27	712
Winslow, 3,917—Navajo							
Winslow Sanatorium	TB	I A	45	..	..	35	95
Yuma, 4,892—Yuma							
Ft. Yuma Indian Hospital	Gen	I A	32	2	13	23	376
Yuma County General Hosp.	Gen	County	30	6	No data supplied		
Related Institutions							
Chin Lee, 45—Apache							
Chin Lee General Hospital	Gen	I A	20	2	13	15	455
Flagstaff, 3,891—Coconino							
Coconino County Hospital	Inst	County	20	..	No data supplied		
Mercy Hospital	Gen	Indiv	14	3	24	8	346
Kayenta, 15—Navajo							
Kayenta Sanatorium	Gen	I A	52	2	2	44	334
McNary, 114—Apache							
McNary Hospital	Indus	NPAssn	9	..	..	1	19

ARIZONA—Continued

Related Institutions	Type of Service	Control	Beds, Rated Capacity	Bassinets	Number of Births	Average Patients	Patients Admitted
Parker, 475—Yuma							
Colorado River Indian Agency Hospital	Gen	I A	34	4	No data supplied		
Phoenix, 48,118—Maricopa							
Harriebolm	Conv	Indiv	7	..	..	6	20
Helen Lee Sanatorium	TB	Indiv	9	..	..	6	13
Maricopa County Tuberculosis Hospital	TB	County	37	..	No data supplied		
Prescott, 3,517—Yavapai							
Yavapai County Hospital	Inst	County	70	4	26	55	365
Tucson, 32,506—Pima							
Arizona State Elks Association Hospital	TB	Frat	35	..	..	15	33
Comstock Hospital	TB	NPAssn	30	..	No data supplied		
La Casa del Escanto	Conv	Indiv	4	..	..	2	5
Pima County Hospital	TB	County	45	..	..	43	72
Reardon Sanatorium	TB	Indiv	16	..	..	10	31
Valentine, 100—Mohave							
Truxton Canon Indian Hosp.	Gen	I A	11	..	5	8	230
Wickenburg, 724—Maricopa							
Wickenburg Hospital	Gen	Indiv	11	3	No data supplied		
Williams, 2,168—Coconino							
Williams Hospital	Gen	Indiv	10	1	10	1	56

Summary for Arizona:

	Number	Beds	Average Patients	Patients Admitted
Hospitals and sanatoriums	49	4,285	2,811	29,310
Related institutions	17	424	304	2,486
Totals	66	4,709	3,115	31,796
Refused registration	3	61		

ARKANSAS

Hospitals and Sanatoriums	Type of Service	Control	Beds, Rated Capacity	Bassinets	Number of Births	Average Patients	Patients Admitted
Alexander, 141—Pulaski							
McRae Memorial Sanatorium (col.)	TB	State	32	..	..	32	44
Arkadelphia, 3,598—Clark							
Townsend Hospital	Gen	Indiv	16	4	15	4	216
Batesville, 4,884—Independence							
Dr. Gray's Infirmary	Gen	Indiv	16	..	5	6	212
Johnston and Craig Hospital	Gen	Part	10	1	5	3	295
Bauxite, 2,200—Saline							
Republic Mining and Manufacturing Company Hospital	Gen	NPAssn	20	1	18	4	65
Benton, 5,445—Saline							
Blakely's Sanitarium	Gen	Indiv	15	2	24	6	221
Blytheville, 10,668—Mississippi							
Blytheville Hospital	Gen	City	45	8	49	8	837
Camden, 7,275—Ouachita							
Camden Hospital	Gen	NPAssn	25	9	95	9	706
Charleston, 851—Franklin							
Bollinger Hospital	Gen	Indiv	15	..	25	4	100
Clarksville, 3,621—Johnson							
Johnson County Hospital	Gen	Corp	19	2	No data supplied		
Conway, 5,534—Faulkner							
Faulkner County Hospital	Gen	Corp	20	6	24	9	372
Crossett, 3,811—Ashley							
Crossett Hospital	Gen	Corp	26	6	34	11	258
DeQueen, 2,908—Sevier							
Archer Hospital	Gen	Part	25	2	8	6	151
Dumas, 1,669—Desha							
Dumas Hospital	Gen	Indiv	10	1	No data supplied		
El Dorado, 16,421—Union							
Henry C. Rosamond Memorial Hospital	Gen	Part	21	5	73	14	897
Warner Brown Hospital[9]	Gen	Church	75	6	137	51	1,083
Eureka Springs, 2,776—Carroll							
Don Sawyer Memorial Hosp.	Surg	Corp	20	..	12	1	111
Fayetteville, 7,394—Washington							
Fayetteville City Hospital	Gen	City	50	6	101	25	1,196
Veterans Admin. Facility	Gen	Vet	258	..	..	200	953
Ft. Smith, 31,429—Sebastian							
St. Edward's Mercy Hospital[9]	Gen	Church	100	15	143	51	2,302
Sparks' Memorial Hospital	Gen	NPAssn	110	10	34	13	967
Helena, 8,316—Phillips							
Helena Hospital	Gen	NPAssn	38	4	62	15	670
Hope, 6,068—Hempstead							
Josephine Hospital	Gen	Indiv	22	3	12	5	220
Julia Chester Hospital	Gen	CyCo	15	3	..	7	240
Hot Springs National Park, 30,238—Garland							
Army and Navy General Hosp.	Gen	Fed	412	2	5	121	1,606
Leo N. Levi Memorial Hosp.[9]	Gen	Frat	60	3	44	55	880
Ozark Sanatorium	Gen	Corp	60	4	25	12	505
St. Joseph's Hospital[9]	Gen	Church	144	6	34	53	1,300
Woodmen of Union Hospital (col.)	Gen	Frat	30	..	No data supplied		
Jonesboro, 10,326—Craighead							
St. Bernard's Hospital[9]	Gen	Church	100	8	89	53	1,757
Lake Village, 1,582—Chicot							
Lake Village Infirmary	Gen	Part	30	2	21	9	616
Little Rock, 81,679—Pulaski							
Arkansas Children's Home and Hospital	Chil	NPAssn	76	..	..	30	718
Baptist State Hospital[9]	Gen	Church	300	15	180	54	2,644
Granite Mountain Hospital	Gen	Indiv	20	2	10	4	167
Little Rock City Hospital[9]	Gen	City	138	12	79	52	1,801
Missouri Pacific Hospital	Indus	NPAssn	125	..	..	35	1,188
St. Vincent's Infirmary[9]	Gen	Church	135	15	261	85	3,469

Key to symbols and abbreviations is on page 1091

ARKANSAS—Continued

Hospitals and Sanatoriums	Type of Service	Control	Beds, Rated Capacity	Bassinets	Number of Births	Average Patients	Patients Admitted
State Hospital	Ment	State	3,500	..	3,367		1,606
Trinity Hospital	Gen	Corp	44	6	77	17	950
United Friends Hospital (col.)	Gen	Frat	25	1	No data supplied		
Magnolia, 3,608—Columbia							
Magnolia Sanitarium	Gen	Part	15	2	No data supplied		
Monticello, 3,076—Drew							
Mack Wilson Hospital	Gen	Corp	30	..	30	6	420
Morrilton, 4,063—Conway							
St. Anthony's Hospital	Gen	Church	16	2	14	10	382
Newport, 4,547—Jackson							
Newport Sanitarium	Surg	Part	16	2	No data supplied		
North Little Rock, 19,418—Pulaski							
Veterans Admin. Facility	Ment	Vet	820	..	..	832	233
Siloam Springs, 2,378—Benton							
Siloam Springs City Hospital	Gen	City	10	2	5	5	148
State Sanatorium,—Logan							
Arkansas Tuberculosis Sanat.	TB	State	524	..	..	523	705
Taylor, 263—Columbia							
Bertie Lee Horn Sanatorium	Gen	Indiv	15	..	30	4	312
Texarkana, 10,764—Miller							
Michael Meagher Mem. Hosp.◊	Gen	Church	50	10	58	40	1,002
St. Louis Southwestern Hosp.	Indus	NPAsen	150	..	..	27	907
Related Institutions							
DeQueen, 2,923—Sevier							
Childress Hospital	Gen	Indiv	15	1	6	6	229

ARKANSAS

Total hospitals in Arkansas, 67; general, 50; general beds occupied, 44.0 per cent; population per general bed, 638.

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● General Hospital
▲ Nervous and Mental
◆ Tuberculosis
■ Other Special Hospital

Paragould, 5,066—Greene							
Dickson Memorial Sanitarium	Gen	Corp	25	2	12	5	350
Paris, 3,234—Logan							
Dr. Jewell's Infirmary	Gen	Indiv	18	2	..	..	...
Pine Bluff, 20,760—Jefferson							
United Links Hospital (col.)	Gen	Indiv	15	..	3	1	100
Prescott, 3,033—Nevada							
Cora Donnell Hospital	Gen	Indiv	36	3	31	14	516
Russellville, 5,628—Pope							
St. Mary's Hospital	Gen	Indiv	55	6	22	25	880
Searcy, 3,367—White							
Wakenight Sanitarium	Gen	Indiv	21	1	6	8	478
Ft. Smith, 31,429—Sebastian							
Sebastian County Hospital	Inst	County	78	..	..	75	147
Little Rock, 81,679—Pulaski							
Arkansas Confederate Home	Inst	State	160	..	..	143	...
Arkansas School for the Blind	Inst	State	30	..	..	5	50
Florence Crittenton Home	Mat	NPAsen	30	4	34	10	40
Pulaski County Hospital	Gen	County	200	9	62	192	874
Newport, 4,547—Jackson							
Dr. Gray's Sanitarium	Gen	Indiv	6	2	3	3	90
Rogers, 3,564—Benton							
Home Hospital	Gen	Indiv	8	4	2	1	64

Key to symbols and abbreviations is on page 1091

ARKANSAS—Continued

Hospitals and Related Institutions	Type of Service	Control	Beds, Rated Capacity	Bassinets	Number of Births	Average Patients	Patients Admitted
Russellville, 5,623—Pope							
Haney Eye, Ear, Nose and Throat Hospital	ENT	Indiv	10	..	..	3	100
Texarkana, 10,764—Miller							
Jamison Sanitarium (col.)	Gen	Indiv	16	2	No data supplied		
Tucker, 219—Jefferson							
Arkansas State Penitentiary Hospital	Inst	State	20	..	..	10	672

Summary for Arkansas:

	Number	Beds	Average Patients	Patients Admitted
Hospitals and sanatoriums	56	8,080	6,153	39,547
Related institutions	11	567	456	2,298
Totals	67	8,602	6,609	41,813
Refused registration	9	252		

CALIFORNIA

Hospitals and Sanatoriums	Type of Service	Control	Beds, Rated Capacity	Bassinets	Number of Births	Average Patients	Patients Admitted
Agnew, 316—Santa Clara							
Agnews State Hospital◇	Ment	State	3,650	..	..	2,903	849
Ahwahnee, 25—Madera							
Ahwahnee Tri-County Tuberculosis Sanatorium	TB	County	108	..	..	98	105
Alameda, 35,033—Alameda							
Alameda Sanatorium on the South Shore	Gen	Corp	85	21	205	35	1,095
Albany, 8,500—Alameda							
Humboldt Hospital	Gen	Part	28	10	117	15	577
Alhambra, 29,475—Los Angeles							
Alhambra Hospital	Gen	Corp	40	12	177	14	643
Angel Island, 600—Marin							
Station Hospital	Gen	Army	60	..	..	20	567
Antioch, 3,563—Contra Costa							
Antioch Hospital	Gen	Indiv	15	5	63	5	309
Arcata, 1,780—Humboldt							
Trinity Hospital	Gen	Church	20	4	32	9	400
Arlington, 1,556—Riverside							
Riverside County Hospital	G&TB	County	325	10	157	206	2,582
Artesia, 5,801—Los Angeles							
Artesia Hospital	Gen	Indiv	20	4	57	9	466
Auberry, 183—Fresno							
Wishlah Sanatorium	TB	County	66	..	..	71	94
Auburn, 2,661—Placer							
Highlands Sanitarium	Gen	Part	20	4	No data supplied		
Bakersfield, 26,015—Kern							
Bakersfield Emergency Hospital	Gen	Indiv	25	4	6	4	144
Kern General Hospital	Gen	County	370	28	476	306	5,455
Mercy Hospital	Gen	Church	75	20	107	25	975
San Joaquin Hospital	Gen	Corp	40	6	42	20	818
Banning, 2,735—Riverside							
Banning Hospital and Sanat.	TB	Indiv	25	..	..	10	20
Southern Sierras Sanatorium	TB	Indiv	35	..	..	11	29
Bell, 7,984—Los Angeles							
Gage Hospital	Gen	Indiv	26	11	116	8	419
Belmont, 884—San Mateo							
Alexander Sanitarium	N&M	Corp	50	..	..	38	86
California Sanatorium	TB	Corp	100	..	..	..	..
Twin Pines Sanitarium	N&M	Corp	30	..	..	15	43
Berkeley, 85,799—Alameda							
Alta Bates Hospital◇	Gen	Corp	100	36	413	49	2,021
Berkeley General Hospital	Gen	Corp	100	12	125	25	1,052
E. V. Cowell Memorial Hosp.	Gen	State	100	..	..	26	1,314
Brawley, 10,420—Imperial							
Brawley Community Hospital	Gen	Indiv	15	3	43	9	320
Burbank, 16,602—Los Angeles							
Burbank Hospital	Gen	Indiv	38	8	90	13	473
Calistoga, 1,000—Napa							
Silverado Sanatorium	TB	Indiv	50	..	..	34	52
Carmel, 2,580—Monterey							
Peninsula Community Hosp.	Gen	NPAssn	25	6	..	New	...
Chico, 7,961—Butte							
Enloe Hospital	Gen	Indiv	32	6	97	14	729
Colfax, 912—Placer							
Bushnell Sanatorium	(Unit of Colfax School for the Tuberculous)						
Colfax Hospital	(Unit of Colfax School for the Tuberculous)						
Colfax School for the Tuberculous	TB	Indiv	96	..	No data supplied		
Housekeeping Cottage Colony	(Unit of Colfax School for the Tuberculous)						
Kathramon Sanatorium	(Unit of Colfax School for the Tuberculous)						
Colusa, 2,116—Colusa							
Colusa Memorial Hospital	Gen	County	24	8	46	13	383
Compton, 12,516—Los Angeles							
Compton Sanitarium◇	N&M	Corp	155	..	..	41	204
Las Campanas Hospital	Gen	Corp	30	10	104	16	469
Coronado, 5,425—San Diego							
Station Hospital	Gen	Army	30	..	..	15	310
Covina, 2,774—Los Angeles							
Covina Hospital	Gen	Part	40	8	111	15	880
Crescent City, 1,720—Del Norte							
Knapp Hospital	Gen	NPAssn	18	5	20	7	267
Culver City, 5,896—Los Angeles							
University Hospital	Gen	Corp	50	17	50	7	286
Duarte, 626—Los Angeles							
Los Angeles Sanatorium	TB	NPAssn	150	..	..	150	124
Dunsmuir, 2,610—Siskiyou							
Dunsmuir Hospital and Sanat.	Gen	Corp	17	4	27	3	434
El Centro, 8,454—Imperial							
La Solana Hospital	Gen	Indiv	20	8	39	2	292

CALIFORNIA—Continued

Hospitals and Sanatoriums	Type of Service	Control	Beds, Rated Capacity	Bassinets	Number of Births	Average Patients	Patients Admitted
El Monte, 3,479—Los Angeles							
Ruth Home	Mat	NPAssn	104	40	14	80	169
Eureka, 15,752—Humboldt							
General Hospital	Gen	Part	42	8	43	2	730
Humboldt County Hospital	Gen	County	100	13	No data supplied		
Humboldt County School for the Tuberculous	TB	County	65	..	..	51	47
St. Joseph Hospital	Gen	Church	63	12	126	27	1,492
Ft. Bidwell, 402—Modoc							
Ft. Bidwell Sanatorium	G&TB	I A	38	1	2	31	104
Ft. Bragg, 3,022—Mendocino							
Redwood Coast Hospital	Gen	Corp	25	5	57	5	213
French Camp, 286—San Joaquin							
San Joaquin General Hospital◇	Gen	County	550	24	606	519	7,543
Fresno, 52,513—Fresno							
Burnett Sanitarium◇	Gen	Corp	125	12	275	54	2,901
Fresno County General Hospital◇◇	Gen	County	510	18	553	457	6,216
St. Agnes Hospital	Gen	Church	70	13	233	31	1,347
Fullerton, 10,860—Orange							
Fullerton Hospital	Gen	Church	29	6	65	6	280
Gilroy, 3,502—Santa Clara							
Wheeler Hospital	Gen	NPAssn	25	7	48	8	345
Glendale, 62,736—Los Angeles							
Glendale Sanitarium and Hospital◇◇	Gen	Church	230	24	249	167	2,135
Physicians and Surgeons Hosp.	Gen	Corp	60	20	305	24	1,173
Grass Valley, 1,817—Nevada							
W. C. Jones Memorial Hosp.	Gen	Corp	20	4	33	11	363
Hanford, 7,629—Kings							
Hanford Sanitarium	Gen	Corp	30	4	54	7	247
Kings County Hospital	Gen	County	95	11	95	91	1,005
Sacred Heart Hospital	Gen	Church	20	6	35	10	250
Hayward, 5,539—Alameda							
Hayward Hospital	Gen	Indiv	16	4	47	4	516
Healdsburg, 2,286—Sonoma							
Healdsburg General Hospital	Gen	Corp	15	6	38	4	192
Hermosa Beach, 4,764—Los Angeles							
Hermosa-Redondo Hospital	Gen	Corp	22	9	No data supplied		
Hollister, 3,757—San Benito							
Hazel Hawkins Memorial Hosp.	Gen	NPAssn	15	3	3	3	102
Hoopa, 32—Humboldt							
Hoopa Valley Indian Hospital	Gen	I A	36	5	26	16	365
Huntington Park, 24,591—Los Angeles							
Mission Hospital	Gen	Corp	31	10	274	22	1,127
Imola,—Napa							
Napa State Hospital	Ment	State	3,387	..	..	3,227	902
Indio, 1,875—Riverside							
Coachella Valley Hospital	Gen	Indiv	15	4	76	7	619
Inglewood, 19,480—Los Angeles							
Centinela Hospital	Gen	Indiv	22	8	149	17	560
Keene, 164—Kern							
Stony Brook Retreat	TB	County	100	..	..	97	109
King City, 1,483—Monterey							
Community Hospital	Gen	Indiv	10	2	14	3	123
La Crescenta, 1,510—Los Angeles							
Hillcrest Sanatorium	TB	NPAssn	65	..	..	45	140
La Vina,—Los Angeles							
La Vina Sanatorium	TB	NPAssn	55	..	..	55	157
Lindsay, 3,878—Tulare							
Lindsay Hospital	Gen	Indiv	10	4	14	3	200
Livermore, 3,119—Alameda							
Arroyo Sanatorium	TB	County	180	..	..	177	233
Livermore Sanitarium◇	N&M	Corp	114	..	..	83	100
St. Paul's Hospital	Gen	Indiv	12	3	36	3	96
Veterans Admin. Facility	G&TB	Vet	318	..	..	274	536
Lodi, 5,736—San Joaquin							
Dr. Buchanan's Sanitarium	Gen	Indiv	15	4	25	3	151
Mason Hospital	Gen	Indiv	15	4	22	6	254
Loma Linda, 2,500—San Bernardino							
Loma Linda Sanitarium and Hospital◇◇	Gen	Church	112	12	143	63	1,847
Long Beach, 142,032—Los Angeles							
Harriman Jones Clinic and Hospital	Gen	Indiv	26	6	..	15	641
Long Beach Comunity Hosp.	Gen	NPAssn	100	20	464	67	2,743
St. Mary's Long Beach Hosp.	Gen	Church	23	7	95	13	600
Seaside Hospital◇◇	Gen	Corp	252	48	845	99	6,104
Los Angeles, 1,238,048—Los Angeles							
Barlow Sanatorium◇◇	TB	NPAssn	100	..	..	80	79
California Babies Hospital	Chil	NPAssn	20	10	36	4	314
California Hospital◇	Gen	Church	279	28	737	147	5,210
Cedars of Lebanon Hospital◇◇	Gen	NPAssn	248	40	804	183	5,965
Children's Hospital◇◇	Chil	NPAssn	196	..	..	143	4,231
Ex-Patients Home of the Jewish Consumptive Relief Association	TB	NPAssn	60	..	..	54	78
Eye and Ear Hospital	ENT	Corp	21	..	..	9	3,300
French Hospital	Gen	NPAssn	80	20	243	27	1,043
Golden State Hospital◇	Gen	Indiv	69	3	29	34	975
Hollywood Clara Barton Memorial Hospital◇	Gen	Corp	214	60	743	110	4,200
Hospital of the Good Samaritan◇	Gen	Church	380	45	433	154	5,501
Japanese Hospital	Gen	Corp	30	6	51	15	712
Lincoln Hospital	Gen	NPAssn	29	8	172	12	611
Los Angeles County Hosp.◇◇◇	Gen	County	3,266	144	3,103	1,897	46,859
Los Angeles County Psychopathic Hospital	(Ward of Los Angeles County Hospital)						
Los Angeles Sanitarium	Gen	Indiv	20	..	..	25	725
Maternity Cottage	Mat	NPAssn	28	30	226	7	224
Methodist Hospital of Southern California◇	Gen	Church	125	40	627	70	2,833
Orthopaedic Hospital-School◇	Orth	NPAssn	85	..	..	74	1,729
Pabl Hospital	Gen	Indiv	15	3	48	8	427
Queen of Angels Hospital◇	Gen	Church	180	35	654	130	4,508

Key to symbols and abbreviations is on page 1091

CALIFORNIA—Continued

Hospitals and Sanatoriums	Type of Service	Control	Beds, Rated Capacity	Bassinets	Number of Births	Average Patients	Patients Admitted
St. Vincent's Hospital*°	Gen	Church	200	40	483	128	4,469
Santa Fe Coast Lines Hosp.*	Indus	NPAssn	150	..	..	97	1,980
Southern California Sanit.	Chr	Indiv	57	..	No data supplied		
Southwest General Hospital	Gen	Indiv	24	9	135	16	374
Terry Sanitarium-Hospital	Gen	Corp	12	2	No data supplied		
White Memorial Hospital*°°	Gen	Church	112	22	451	73	3,274
Los Banos, 1,875—Merced							
Los Banos Hospital	Gen	Indiv	14	4	25	5	200
Los Gatos, 3,108—Santa Clara							
Oak's Sanitarium	TB	Indiv	60	..	..	37	52
Martinez, 6,589—Contra Costa							
Contra Costa County Hosp.	Gen	County	250	12	105	200	2,440
Martinez Community Hospital	Gen	Corp	30	6	72	12	640
Marysville, 5,763—Yuba							
Rideout Memorial Hospital	Gen	Indiv	36	9	50	15	610
McCloud, 2,650—Siskiyou							
McCloud Hospital	Gen	Corp	32	6	37	7	602
Merced, 7,666—Merced							
Mercy Hospital	Gen	Indiv	30	7	134	18	1,033
Modesto, 13,842—Stanislaus							
McPheeters Hospital	Gen	Indiv	33	5	65	18	844
Robertson Hospital	Gen	Indiv	35	6	117	16	813
St. Mary's Hospital	Gen	Church	22	9	70	7	1,073
Stanislaus County Hospital	Gen	County	200	17	157	195	2,383
Monrovia, 10,800—Los Angeles							
Norumbega Sanatorium	TB	Indiv	30	..	..	15	49
Pottenger Sanatorium and Clinic*°	TB	Corp	120	..	..	81	87
Monterey, 9,141—Monterey							
Monterey Hospital	Gen	NPAssn	50	6	28	13	565
Station Hospital	Gen	Army	60	2	9	38	916
Monterey Park, 6,426—Los Angeles							
Garfield Hospital	Gen	NPAssn	33	10	115	13	655
Murphy, 562—Calaveras							
Bret Harte Sanatorium	TB	County	180	..	..	129	133
Napa, 6,427—Napa							
Victory Hospital	Gen	Corp	36	6	75	10	578
National City, 7,301—San Diego							
Elwyn Hospital	Gen	Part	12	..	..	2	124
Paradise Valley Sanitarium and Hospital*°	Gen	Church	100	16	337	54	1,372
Newman, 1,289—Stanislaus							
Newman Hospital	Gen	Part	11	3	17	4	278
Norwalk, 1,517—Los Angeles							
Norwalk State Hospital	Ment	State	2,982	..	..	2,287	977
Oakland, 284,063—Alameda							
Alameda County Hospital*°°	Gen	County	378	20	839	292	10,486
Children's Hospital of the East Bay*°°	Chl	Corp	65	..	..	20	1,633
East Oakland Hospital	Gen	Corp	75	18	54	45	2,330
Peralta Hospital	Gen	Corp	124	30	514	67	3,686
Providence Hospital°	Gen	Church	212	30	369	63	2,512
Samuel Merritt Hospital*°	Gen	NPAssn	150	18	413	96	4,073
Olive View,—Los Angeles							
Olive View Sanatorium	TB	County	917	..	..	943	694
Orange, 8,668—Orange							
Orange County Hospital*°°	Gen	County	275	18	240	230	5,629
St. Joseph Hospital°	Gen	Church	100	25	201	45	977
Oxnard, 6,285—Ventura							
St. John's Hospital	Gen	Church	50	12	101	9	461
Pacoima, 1,012—Los Angeles							
Independent Order of Foresters California Tuberculosis Sanatorium	TB	Frat	120	..	..	..	...
Madera, 4,063—Madera							
Madera County Hospital	Gen	County	43	5	82	36	707
Madera Sanitarium	Gen	Indiv	20	3	38	9	224
Manor,—Marin							
Arequipa Sanatorium	TB	NPAssn	44	..	..	36	59
March Field,—Riverside							
Station Hospital	Gen	Army	90	6	68	40	1,060
Mare Island, 416—Solano							
U. S. Naval Hospital	Gen	Navy	534	..	..	258	2,250

● General Hospital
▲ Nervous and Mental
✦ Tuberculosis
■ Other Special Hospital

Total hospitals in California, 382; general, 239; general beds occupied, 63.4 per cent; population per general bed, 208.

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Key to symbols and abbreviations is on page 1091

CALIFORNIA—Continued

Hospitals and Sanatoriums	Type of Service	Control	Beds, Rated Capacity	Bassinets	Number of Births	Average Patients	Patients Admitted
Palo Alto, 13,632—Santa Clara							
Palo Alto Hospital	Gen	NPAssn	75	15	186	35	1,000
Veterans Admin. Facility	Ment	Vet	1,000	..	..	1,015	756
Pasadena, 76,086—Los Angeles							
Las Encinas Sanitarium	Gen	Corp	80	..	..	52	182
Pasadena Hospital◇	Gen	NPAssn	186	24	429	101	4,114
St. Luke's Hospital	Gen	Church	75	20	329	36	1,425
Woman's Hospital	Mat	NPAssn	14	14	223	6	254
Patton, 215—San Bernardino							
Patton State Hospital	Ment	State	3,697	..	..	3,647	1,385
Placerville, 2,322—Eldorado							
Placerville Sanatorium	Gen	Indiv	21	3	24	8	365
Pomona, 20,804—Los Angeles							
Pomona Valley Community Hospital	Gen	NPAssn	82	21	153	23	1,060
Portola, 1,012—Plumas							
Western Pacific Railway Hosp.	Gen	Corp	30	3	41	13	436
Red Bluff, 3,517—Tehama							
St. Elizabeth's Mercy Hospital	Gen	Church	25	4	69	16	510
Tehama County Hospital	Gen	County	50	5	40	42	560
Redding, 4,188—Shasta							
Doctor Sanitarium	Gen	Indiv	15	3	..	..	..
St. Caroline Sanitarium	Gen	NPAssn	22	3	9	8	359
Redwood City, 8,982—San Mateo							
Canyon Sanatorium	TB	Indiv	70	..	..	30	60
Hassler Health Home	TB	CyCo	82	..	..	80	93
Richmond, 20,068—Contra Costa							
Richmond Cottage Hospital	Gen	Part	50	14	..	New	...
Riverside, 29,696—Riverside							
Riverside Community Hospital	Gen	NPAssn	54	16	156	27	1,357
Sherman Institute Hospital	Gen	I A	60	..	..	13	531
Rosemead, 2,717—Los Angeles							
Alhambra Sanatorium	N&M	Indiv	12	..	..	8	53
Ross, 1,355—Marin							
Ross General Hospital	Gen	Corp	60	8	80	29	600
Sacramento, 93,750—Sacramento							
Mercy Hospital◇	Gen	Church	134	27	295	55	2,840
Sacramento County Hosp.◇◇	Gen	County	400	25	672	429	7,942
Sutter Hospital	Gen	Corp	175	30	520	108	4,408
Salinas, 10,263—Monterey							
Park Lane Hospital	Gen	Indiv	26	9	79	..	600
Salinas Valley Hospital	Gen	Part	23	9	123	10	1,200
San Bernardino, 37,481—San Bernardino							
St. Bernardine's Hospital	Gen	Church	125	12	93	22	819
San Bernardino County Charity Hospital◇◇	Gen	County	312	16	380	256	2,980
San Diego, 147,995—San Diego							
Gracewood General Hospital	Gen	Indiv	16	5	31	4	79
Mercy Hospital◇	Gen	Church	285	40	930	122	6,432
San Diego County General Hospital◇◇	Gen	County	640	32	600	472	7,323
San Diego Hospital	Gen	Corp	85	18	..	25	980
Scripps Memorial Hospital	Gen	NPAssn	50	6	51	21	701
Scripps Metabolic Clinic	Metab	NPAssn	26	..	..	14	550
U. S. Naval Hospital	Gen	Navy	800	..	..	781	6,047
San Fernando, 7,567—Los Angeles							
San Fernando Hospital	Gen	Part	12	5	35	5	204
Veterans Admin. Facility	TB	Vet	244	..	..	214	225
San Francisco, 634,394—San Francisco							
Chinese Hospital	Gen	NPAssn	75	10	51	22	522
Dante Sanatorium	Gen	NPAssn	126	10	20	28	1,175
Franklin Hospital◇	Gen	Frat	223	15	241	115	3,500
French Hospital◇	Gen	Frat	225	21	165	168	3,254
Green's Eye Hospital	ENT	Part	29	..	..	14	580
Hospital for Children◇◇◇	Gen	NPAssn	215	44	619	94	3,530
Letterman General Hospital◇	Gen	Army	600	10	104	460	4,907
Mary's Help Hospital◇◇	Gen	Church	120	30	393	77	3,207
Mt. Zion Hospital◇◇◇	Gen	NPAssn	163	26	378	97	1,693
Park Sanitarium	N&M	Corp	38	..	..	15	557
St. Elizabeth's Infant Hospital	Mat	Ch	Church	25	16	53	11	54
St. Francis Hospital	Gen	Corp	300	50	627	153	5,574
St. Joseph's Hospital◇◇	Gen	Church	215	28	473	156	3,957
St. Luke's Hospital◇◇	Gen	Church	200	25	467	132	4,571
St. Mary's Hospital◇◇	Gen	Church	285	40	630	153	6,411
San Francisco Hospital◇◇◇	Gen	CyCo	1,306	55	1,327	1,276	13,793
Shriners Hospital for Crippled Children◇◇	Orth	Frat	60	..	..	58	330
Southern Pacific General Hospital◇	Indus	NPAssn	400	..	..	281	4,510
Stanford University Hospitals (Including Lane Hospital)◇◇◇	Gen	NPAssn	297	38	547	178	7,645
Sutter Hospital	Gen	Corp	60	12	78	41	3,643
U. S. Marine Hospital◇	Gen	USPHS	400	..	..	409	3,754
University of California Hospital◇◇◇	Gen	State	251	30	485	161	5,613
Veterans Admin. Facility	Gen	Vet	324	..	..	New	...
Sanitarium, 415—Napa							
St. Helena Sanitarium and Hospital◇◇	Gen	Church	140	6	73	61	1,482
San Jacinto, 1,340—Riverside							
Soboba Indian Hospital	Gen	I A	30	3	29	25	351
San Jose, 57,451—Santa Clara							
Alum Rock Sanatorium	TB	Corp	30	..	..	22	67
O'Connor Sanitarium◇	Gen	Church	101	30	280	59	2,653
San Jose Hospital	Gen	Corp	115	22	326	49	2,317
Santa Clara County Hosp.◇◇◇	Gen	County	473	24	631	400	5,269
Santa Clara County Sanat.	TB	County	96	..	..	95	91
San Leandro, 11,455—Alameda							
Fairmont Hospital of Alameda County◇◇	G&TB	County	900	..	..	884	1,606

CALIFORNIA—Continued

Hospitals and Sanatoriums	Type of Service	Control	Beds, Rated Capacity	Bassinets	Number of Births	Average Patients	Patients Admitted
San Luis Obispo, 8,276—San Luis Obispo							
Mountain View Hospital	Gen	Indiv	25	4	10	5	216
San Luis Obispo General Hosp.	Gen	County	87	12	112	38	...
San Luis Sanitarium	Gen	Indiv	30	6	30	15	400
San Mateo, 13,444—San Mateo							
Community Hospital of San Mateo County	Gen	County	192	10	162	144	1,953
Mills Memorial Hospital	Gen	Church	75	20	312	40	1,790
San Pedro,—Los Angeles							
San Pedro Hospital	Gen	Corp	88	22	555	49	2,055
Station Hospital	Gen	Army	31	..	6	2	779
U. S. Ship Relief	Gen	Navy	367	..	..	144	5,300
San Rafael, 8,022—Marin							
San Rafael Cottage Hospital	Gen	Indiv	35	11	124	30	750
Santa Ana, 30,322—Orange							
San Ana Valley Hospital	Gen	Corp	40	16	80	14	538
Santa Barbara, 33,613—Santa Barbara							
St. Francis Hospital◇	Gen	Church	85	15	102	39	1,324
Santa Barbara Cottage Hospital◇◇	Gen	NPAssn	250	32	181	69	2,426
Santa Barbara General Hosp.◇	Gen	County	215	10	119	171	1,093
Santa Cruz, 14,395—Santa Cruz							
Hanly Hospital	Gen	Indiv	31	10	44	8	346
Santa Cruz County Hospital	G&TB	County	35	6	93	..	900
Santa Monica, 37,146—Los Angeles							
St. Catherine's Hospital	Gen	Corp	35	9	50	27	330
Santa Monica Hospital	Gen	Corp	94	12	319	50	2,370
Wilshire Hospital	Gen	Corp	31	10	141	14	441
Santa Rosa, 10,636—Sonoma							
General Hospital	Gen	Indiv	25	8	68	10	502
Santa Rosa Hospital	Gen	Indiv	17	3	42	5	290
Scotia, 1,024—Humboldt							
Scotia Hospital	Indus	Corp	52	4	..	12	400
Selma, 3,047—Fresno							
Selma Sanitarium	Gen	Corp	14	3	62	7	508
Sonora, 2,278—Tuolumne							
Sonora Hospital	Gen	Indiv	24	2	19	12	528
South Gate, 19,503—Los Angeles							
Suburban Hospital	Gen	NPAssn	40	16	No data supplied		
South San Francisco, 6,193—San Mateo							
South San Francisco Hospital	Gen	Corp	22	5	30	8	437
Spadra, 39—Los Angeles							
Pacific Colony State Narcotic Hospital	Drug	MeDe	State	1,006	..	..	740	247
Springville,—Tulare							
Tulare-Kings County Joint Tubercular Hospital	TB	County	105	..	..	82	103
Stockton, 47,963—San Joaquin							
Dameron Hospital	Gen	Corp	77	12	179	36	1,537
St. Joseph's Home and Hosp.◇	Gen	Church	125	18	206	59	1,621
Stockton State Hospital◇	Ment	State	3,350	..	..	3,503	1,025
Susanville, 1,356—Lassen							
Riverside Hospital	Gen	Indiv	35	6	59	5	586
Talmage, 59—Mendocino							
Mendocino State Hospital◇	Ment	State	2,700	..	..	2,523	2,958
Torrance, 7,571—Los Angeles							
Jared Sidney Torrance Memorial Hospital	Gen	Corp	38	12	161	17	727
Trona, 775—San Bernardino							
Trona Hospital	Gen	Corp	10	1	10	2	133
Tulare, 8,397—Tulare							
Belleview Hospital	Gen	Indiv	20	3	40	6	235
Tulare County General Hosp.	Gen	County	69	9	238	59	1,516
Tulare Hospital	Gen	Indiv	14	3	32	5	287
Turlock, 4,276—Stanislaus							
Emanuel Hospital	Gen	Church	40	6	70	15	560
Lillian Collins Hospital	Gen	Indiv	15	8	33	5	302
Ventura, 11,432—Ventura							
Foster Memorial Hospital	Gen	NPAssn	68	10	75	17	1,179
Ventura County Hospital	Gen	County	182	8	190	141	2,087
Vineburg, 164—Sonoma							
Burndale Hospital	Gen	Indiv	10	2	30	5	300
Visalia, 7,263—Tulare							
Kaweah Hospital	Gen	Corp	18	4	68	10	365
Watsonville, 8,344—Santa Cruz							
Watsonville Hospital	Gen	Indiv	23	5	99	11	577
Weed, 4,227—Siskiyou							
Weed Hospital	Gen	Indiv	24	4	38	7	357
Weimar, 32—Placer							
Weimar Joint Sanatorium	TB	County	474	..	..	454	397
West Los Angeles,—Los Angeles							
Veterans Admin. Facility	G&TB	Vet	1,232	..	..	809	3,441
Westwood, 4,062—Lassen							
Westwood Hospital	Gen	Indiv	30	9	70	..	...
Willits, 1,424—Mendocino							
Frank R. Howard Memorial Hospital	Gen	NPAssn	12	5	54	7	329
Woodland, 5,542—Yolo							
Woodland Clinic Hospital	Gen	Corp	50	10	92	23	1,180
Yosemite National Park, 200—Mariposa							
Lewis Memorial Hospital	Gen	Indiv	14	2	14	5	238
Yreka, 2,128—Siskiyou							
Siskiyou County General Hosp.	Gen	County	50	5	No data supplied		
Yuba City, 3,605—Sutter							
Yuba City General Hospital	Gen	Indiv	12	4	68	7	407

Related Institutions

Alcatraz, 171—San Francisco							
U. S. Penitentiary Hospital	Inst	Fed	23	..	..	New	...
Alta Loma, 115—San Bernardino							
Our Lady of Lourdes Sanat.	TB	Indiv	24	..	..	8	19

Key to symbols and abbreviations is on page 1091

CALIFORNIA—Continued

Related Institutions	Type of Service	Control	Beds, Basic Capacity	Bassinets	Number of Births	Average Patients	Patients Admitted
Artesia, 3,891—Los Angeles							
Dr. Hansen's Sanitarium	N&M	Indiv	21	..	No data supplied		
Auburn, 2,661—Placer							
Placer County Hospital	Gen	County	130	4	48	110	949
Azusa, 4,868—Los Angeles							
Physiotherapy Institute and Rural Rest Home	Conv	NPAssn	45	..	..	43	119
Bakersfield, 26,015—Kern							
R. B. Rees Hospital	Surg	Indiv	10	..	No data supplied		
Trinity Hospital	Gen	Indiv	24	5	No data supplied		
Belmont, 984—San Mateo							
Chas. S. Howard Foundation	TB	NPAssn	20	..	..	..	...
Reed Sanitarium	N&M	Indiv	25	..	..	17	66
Berdoo Camp,—Riverside							
Berdoo Hospital	Indus	NPAssn	26	..	..	19	614
Berkeley, 82,186—Alameda							
California State Schools for the Deaf and Blind	Inst	State	22	..	..	6	278
Blythe, 1,020—Riverside							
Frank Lake Memorial Hosp.	Gen	County	6	3	20	2	266
Chula Vista, 5,869—San Diego							
McNabb Hospital and Sanit.	Inst	NPAssn	36	..	..	24	...
Claremont, 2,719—Los Angeles							
Claremont Colleges Infirmary	Inst	Corp	24	..	..	3	207
Colusa, 2,116—Colusa							
Colusa County Hospital	Inst	County	65	2	25	32	216
Corona, 7,018—Riverside							
Corona Hospital	Gen	Part	8	3	20	3	260
Coronado, 5,427—San Diego							
Coronado Hospital	Gen	Indiv	14	5	95	4	377
Crescent City, 1,720—Del Norte							
Del Norte County Hospital	Gen	County	22	1	12	2	66
Culver City, 5,609—Los Angeles							
St. Erne Sanitarium	N&M	Indiv	40	..	..	58	72
Decoto, 519—Alameda							
Masonic Home Hospital	Inst	Frat	50	..	..	45	...
Dinuba, 2,908—Tulare							
Dinuba Hospital	Gen	Indiv	10	4	11	2	219
Eldridge, 16—Sonoma							
Sonoma State Home	MeDe	State	2,500	..	..	2,505	258
Eureka, 15,732—Humboldt							
Humboldt County Isolation Hospital	Iso	County	16	..	No data supplied		
Fowler, 1,371—Fresno							
Fowler Sanitarium	Gen	Indiv	6	3	12	2	126
Glendale, 62,736—Los Angeles							
Villa Shaw Rest Home	N&M	Indiv	26	..	..	25	12
Hilts, 436—Siskiyou							
Hilts Hospital	Gen	Indiv	6	2	9	1	50
Hobart Mills, 516—Nevada							
Hobart Estate Company Hosp.	Gen	NPAssn	10	3	3	2	50
Hollister, 5,757—San Benito							
San Benito County Hospital	Inst	County	54	1	..	37	145
Hondo,—Los Angeles							
Los Amigos Rancho, Psychiatric Unit	Ment	County	552	..	..	550	238
Keene, 164—Kern							
Kern County Preventorium	TB	County	44	..	..	43	65
Kingsburg, 1,322—Fresno							
Kingsburg Sanitarium	Gen	Indiv	8	3	30	4	185
La Crescenta, 1,510—Los Angeles							
Kimball Sanitarium	N&M	Indiv	24	..	..	18	45
La Mesa, 2,513—San Diego							
La Mesa Sanatorium	TB	Indiv	20	..	..	3	20
Lincoln, 2,094—Placer							
Joslin Sanatorium	N&M	Indiv	15	..	..	7	8
Livermore, 3,119—Alameda							
Del Valle Preventorium	TB	County	85	..	..	..	...
Lone Pine, 360—Inyo							
Lone Pine Hospital	Gen	Indiv	7	4	15	2	85
Los Angeles, 1,238,048—Los Angeles							
Bankia Sanitarium	N&M	Corp	18	..	..	14	28
Chase Diet Sanitarium	Conv	Indiv	22	..	..	11	111
Doughty Sanatorium	TB	Indiv	12	..	..	8	23
Florence Crittenton Home	Mat	NPAssn	50	20	53	20	72
Junior League Convalescent Home for Children	Conv	NPAssn	24	..	..	20	67
Juvenile Hall Hospital	MeDe	County	99	..	..	71	3,785
Las Palmas Rest Home	Nerv	Indiv	10	..	..	8	14
Los Angeles Smallpox Quarantine Hospital	Iso	City	100	..	..	..	...
Resthaven	N&M	NPAssn	40	..	..	23	97
St. Barnabas Rest Home for Men	Conv	Church	14	..	..	10	58
St. Vincent's Maternity Home	Mat	NPAssn	10	10	72	20	72
Salvation Army Women's Home and Hospital	Mat	Church	60	40	137	43	200
Loyalton, 837—Sierra							
Sierra Valley Hospital	Gen	Indiv	8	1	9	2	91
Manteca, 1,614—San Joaquin							
Mantera Hospital	Gen	Indiv	8	4	13	..	65
Marysville, 5,763—Yuba							
Yuba County Hospital	Gen	County	97	5	41	83	538
Merced, 7,666—Merced							
Merced General Hospital	Gen	County	220	11	194	211	1,855
Monrovia, 10,856—Los Angeles							
Canyon Preventorium	TB	NPAssn	80	..	..	60	271
Maryknoll Sanatorium	TB	Church	22	..	..	17	21
Mountain View Rest Home	N&M	Indiv	45	..	..	45	24
Palm Grove Sanatorium	N&M	Part	35	..	..	26	14
Pine Rest Sanatorium	TB	Indiv	18	..	..	..	...
Montebello, 5,458—Los Angeles							
Los Angeles Convalescent Home	Conv	NPAssn	40	..	..	30	365
Mountain View, 3,306—Santa Clara							
Mountain View Hospital and Sanitarium	Gen	Indiv	8	..	..	2	320
National City, 7,301—San Diego							
Wilhelmine Home	N&M	Indiv	10	..	No data supplied		
Nevada City, 1,701—Nevada							
Nevada City Sanitarium	Gen	Indiv	9	5	70	5	266
Nevada County Hospital	Gen	County	62	..	4	61	185
Oakland, 284,063—Alameda							
El Reposo Sanitarium	Conv	Indiv	15	..	..	12	130
Kings Daughters of California Home for Incurables	Inc	NPAssn	110	..	..	..	...
Oakland Maternity Hospital	Mat	Indiv	12	12	125	4	128
Salvation Army Women's Home and Maternity Hospital	Mat	Church	35	30	129	30	161
Pacific Grove, 5,526—Monterey							
Bayview Hospital	Gen	Indiv	12	5	36	4	153
Pasadena, 76,086—Los Angeles							
El Nido, Pasadena Preventorium	Conv	NPAssn	40	..	..	40	53
Placerville, 2,322—Eldorado							
Eldorado County Hospital	Gen	County	55	2	7	40	129
Porterville, 5,326—Tulare							
Mill Street Hospital	Gen	Indiv	12	4	..	..	...
Mt. Whitney Hospital	Gen	Indiv	8	2	21	1	63
Quincy, 1,936—Plumas							
Plumas Industrial Hospital	Gen	Indiv	5	..	1	1	69
Redding, 4,198—Shasta							
Shasta County Hospital	Gen	County	82	7	43	32	581
Repress, 30—Sacramento							
Folsom Prison Hospital	Inst	State	76	..	..	64	749
Rosemead, 2,717—Los Angeles							
Rosemead Lodge	N&M	Indiv	40	..	..	31	96
Ross, 1,355—Marin							
The Cedars	MeDe	Part	36	..	..	31	7
Salinas, 10,263—Monterey							
Monterey County Hospital	Gen	County	120	6	100	96	869
San Andreas, 773—Calaveras							
San Andreas Hospital	Gen	Indiv	6	2	1	1	24
San Diego, 147,995—San Diego							
Carter Sanitarium	N&M	Indiv	8	..	..	4	52
Fraser Sanitarium	Conv	Indiv	21	..	..	8	66
Lane Sanitarium	Conv	Indiv	9	..	..	6	5
Peterson's Sanitarium	N&M	Indiv	18	..	..	16	37
Rest Haven Preventorium	TB	NPAssn	62	..	..	50	62
San Francisco, 654,304—San Francisco							
Garden Nursing Home	Inc	NPAssn	61	..	..	33	60
Laguna Honda Home Infirmary	Inst	CyCo	760	..	..	760	...
San Francisco Emergency Hospital Service	Emerg	CyCo	115	5	..	25	600
San Francisco Polyclinic	Gen	NPAssn	13	..	..	6	602
San Gabriel, 7,224—Los Angeles							
Baldy View Sanitarium	N&M	Part	75	..	..	60	54
Mission Lodge Sanitarium	N&M	Indiv	50	..	..	44	55
San Jose, 57,651—Santa Clara							
Beale Convalescent Home	N&M	Indiv	10	..	..	7	39
Sunnyholme Preventorium	TB	County	47	..	..	30	70
San Mateo, 15,444—San Mateo							
San Mateo Preventorium	TB	NPAssn	28	..	..	..	...
San Quentin, 328—Marin							
Charles L. Neumiller Hospital	Inst	State	127	..	..	127	1,506
San Rafael, 8,422—Marin							
Marin County Tuberculosis Hospital	TB	County	16	..	..	16	32
Santa Barbara, 33,615—Santa Barbara							
La Loma Pedt	CardCh	Indiv	12	..	..	7	9
Santa Monica, 37,146—Los Angeles							
Santa Monica Diet Home	Conv	Indiv	10	..	..	5	27
Santa Monica Rest Home	N&M	Indiv	52	..	..	52	134
Santa Rosa, 10,636—Sonoma							
Sonoma County Hospital	Gen	County	133	9	143	130	1,185
Sonora, 2,278—Tuolumne							
Tuolumne County Hospital	Gen	County	26	3	29	24	355
Stanford University, 1,720—Santa Clara							
Stanford Convalescent Home	Chil	NPAssn	70	..	No data supplied		
Suisun City, 905—Solano							
Solano County Hospital	Inst	County	96	..	No data supplied		
Sunland,—Los Angeles							
Sunland Sanatorium	TB	Corp	60	..	..	54	70
Ventura, 11,432—Ventura							
Ventura School for Girls	Inst	State	40	..	No data supplied		
Verdugo City, 5,000—Los Angeles							
Rockhaven Sanitarium	N&M	Indiv	60	..	..	41	28
Veterans Home,—Napa							
Veterans Home Hospital	Inst	State	246	..	..	140	521
Waterman,—Amador							
Preston School of Industry Hospital	Inst	State	42	..	..	8	1,465
Weaverville, 500—Trinity							
Trinity County Hospital	Inst	County	25	..	..	23	...
Willows, 2,024—Glenn							
Glenn County Hospital	Gen	County	30	1	3	35	420
Wilmar, 5,005—Los Angeles							
Jean G. McCracken Home	N&M	NPAssn	46	..	..	36	104
Yuba City, 3,805—Sutter							
Sutter County Hospital	Gen	County	64	6	No data supplied		

Summary for California:

	Number	Beds	Average Patients	Patients Admitted
Hospitals and sanatoriums	273	54,929	41,985	427,773
Related institutions	109	8,211	6,866	26,297
Totals	382	63,140	48,851	454,070
Refused registration	72	2,443		

Key to symbols and abbreviations is on page 1091

COLORADO

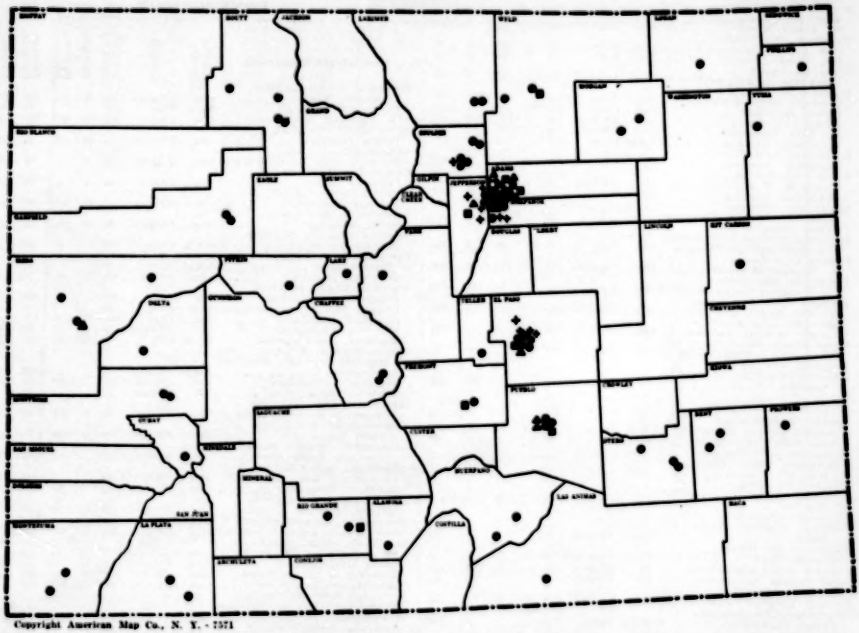
Hospitals and Sanatoriums	Type of Service	Control	Beds, Rated Capacity	Bassinets	Number of Births	Average Patients	Patients Admitted
Alamosa, 5,107—Alamosa							
Lutheran Hospital	Gen	Church	20	5	49	14	835
Aspen, 705—Pitkin							
Citizens' Hospital	Gen	Indiv	15	2	7	6	98
Boulder, 11,223—Boulder							
Boulder-Colorado Sanitarium and Hospital◆◇	Gen	Church	101	6	50	29	1,128
Community Hospital	Gen	NPAssn	60	8	66	15	651
Brush, 2,312—Morgan							
Eben-Ezer Hospital	Gen	Church	20	8	45	13	470
Canon City, 5,898—Fremont							
Graves Hospital	Gen	Indiv	24	6	No data supplied		
Colorado Springs, 35,237—El Paso							
Beth-El General Hospital◆◇	Gen	Church	12	12	360	64	2,013
Colorado Springs Psychopathic Hospital	N&M	Part	150	..	..	85	164
Cragmor Sanatorium	TB	Corp	130	..	..	49	90
Crestone Heights Sanitarium and Hospital	Gen	Indiv	25	6	..	..	...
Glockner Sanatorium and Hospital◇	G&TB	Church	150	14	118	131	1,185
National M. E. Sanatorium for Tuberculosis	TB	Church	77	..	..	43	78
St. Francis Hospital and Sanatorium◆◇	G&TB	Church	136	10	154	78	800
Sunnyrest Sanatorium	TB	NPAssn	54	..	..	..	...
Union Printers' Home and Tuberculosis Sanatorium◆	G&TB	NPAssn	176	..	..	157	77
Cortez, 921—Montezuma							
Johnson Hospital	Gen	Indiv	14	1	26	5	389
Cripple Creek, 1,427—Teller							
Cripple Creek Hospital	Gen	NPAssn	34	6	23	8	222
Del Norte, 1,410—Rio Grande							
St. Joseph's Hospital and Sanatorium	Gen	Church	25	6	33	8	209
Delta, 2,938—Delta							
Western Slope Memorial Hosp.	Gen	NPAssn	12	4	19	4	145

COLORADO—Continued

Hospitals and Sanatoriums	Type of Service	Control	Beds, Rated Capacity	Bassinets	Number of Births	Average Patients	Patients Admitted
Denver, 287,861—Denver							
Bethesda Sanatorium	TB	Church	60	..	..	38	42
Beth Israel Hospital	Gen	NPAssn	55	10	46	39	948
Children's Hospital◆◇	Chil	NPAssn	147	18	...	122	3,102
Colorado General Hospital◆◇	Gen	State	158	20	327	127	2,807
Colorado Psychopathic Hospital◆	Ment	State	78	..	..	60	785
Denver General Hospital◆◇	Gen	CyCo	559	30	698	393	15,174
Ex-Patients' Tubercular Home	TB	NPAssn	72	..	..	45	34
Fitzsimons General Hospital◆	G&TB	Army	1,185	6	68	784	5,202
Mercy Hospital◆◇	Gen	Church	300	25	347	129	3,880
Mt. Airy Sanitarium	N&M	Corp	60	..	..	38	323
National Jewish Hospital◆	TB	NPAssn	232	..	..	241	218
Porter Sanitarium and Hosp.	Gen	Church	160	15	150	36	1,098
Presbyterian Hospital◆◇	Gen	Church	150	25	367	70	2,811
St. Anthony's Hospital◆◇	Gen	Church	200	28	336	80	2,932
St. Joseph's Hospital◆◇	Gen	Church	200	25	277	132	4,010
St. Luke's Hospital◆◇	Gen	Church	219	30	413	111	4,029
Sands House	TB	NPAssn	48	..	..	36	39
Steele Memorial Hospital	Iso	CyCo	85	..	..	24	609
Durango, 5,400—La Plata							
Mercy Hospital◆	Gen	Church	43	7	66	23	981
Edgewater, 1,473—Jefferson							
Craig Colony	TB	NPAssn	50	..	..	45	21
Englewood, 7,390—Arapahoe							
Swedish National Sanatorium	TB	NPAssn	78	..	..	63	95
Fairplay, 221—Park							
Fairplay Hospital	Gen	Indiv	12	2	16	8	297
Ft. Logan, 1,525—Arapahoe							
Station Hospital	Gen	Army	46	..	..	12	894
Ft. Lyon, 26—Bent							
Veterans Admin. Facility	Ment	Vet	600	..	..	417	495
Ft. Morgan, 4,423—Morgan							
Ft. Morgan Hospital	Gen	Indiv	25	6	75	10	394
Glenwood Springs, 1,825—Garfield							
Glenwood Springs Sanitarium	Gen	Corp	35	4	..	30	...
Dr. Porter's Hospital	Gen	Indiv	15	3	30	8	341

Key to symbols and abbreviations is on page 1091

COLORADO



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● General Hospital ◆ Tuberculosis
▲ Nervous and Mental ■ Other Special Hospital

Total hospitals in Colorado, 103; general, 65; general beds occupied, 57.6 per cent; population per general bed, 212.

COLORADO—Continued

Hospitals and Sanatoriums	Type of Service	Control	Beds, Rated Capacity	Bassinets	Number of Births	Average Patients	Patients Admitted
Grand Junction, 10,247—Mesa							
St. Mary's Hospital*	Gen	Church	65	12	110	35	1,025
Greeley, 12,203—Weld							
Greeley Hospital	Gen	County	85	15	220	50	1,918
Hayden, 554—Routt							
Solandt Memorial Hospital	Gen	NPAssn	12	4	6	3	100
Holyoke, 1,226—Phillips							
Holyoke Hospital	Gen	Indiv	8	2	13	3	155
Ignacio, 484—La Plata							
Edward T. Taylor Hospital	Gen	I A	35	3	9	12	470
La Junta, 7,193—Otero							
A. T. & S. F. Railroad Hosp.	Indus	Corp	36	..	..	23	425
Mennonite Hosp. and Sanit.◇	G&TB	Church	70	10	95	34	750
Lamar, 4,233—Prowers							
Charles Maxwell Hospital	Gen	Corp	30	7	28	12	619
Leadville, 5,771—Lake							
St. Vincent Hospital	Gen	Church	26	3	16	15	182
Longmont, 6,029—Boulder							
Longmont Hospital	Gen	Indiv	33	7	31	12	450
Montrose, 3,586—Montrose							
Montrose Hospital	Gen	Indiv	14	5	32	6	208
St. Luke's Hospital	Gen	Indiv	12	2	30	7	254
Oak Creek, 1,211—Routt							
Oak Creek Hospital	Gen	Indiv	10	2	12	3	60
Red Cross Hospital	Gen	Indiv	12	2	25	4	253
Ouray, 707—Ouray							
Bates Hospital and Sanitarium	Gen	Indiv	25	3	14	7	316
Pueblo, 50,098—Pueblo							
Colorado State Hospital	Ment	State	3,120	..	..	2,955	501
Corwin Hospital	Gen	Corp	219	16	138	74	1,626
Parkview Hospital	Gen	NPAssn	106	9	121	49	1,609
St. Mary Hospital◇	Gen	Church	150	12	166	75	2,365
Woodcroft Hospital	N&M	Corp	130	..	..	64	190
Rocky Ford, 5,426—Otero							
Physicians Hospital	Gen	NPAssn	10	2	32	7	291
Salida, 5,085—Chaffee							
D. & R. G. W. Railroad Hosp.	Gen	NPAssn	71	4	18	20	834
Red Cross Hospital	Gen	Corp	40	2	12	18	336
Spivak, 350—Jefferson							
Sanat. of the Jewish Consumptives' Relief Society◇	TB	NPAssn	301	..	..	183	131
Steamboat Springs, 3,011—Routt							
Steamboat Springs Hospital	Gen	Indiv	10	4	22	3	114
Sterling, 7,195—Logan							
St. Benedict Hospital	Gen	Church	34	6	70	12	360
Towaoc, 60—Montezuma							
Ute Mountain Indian Hospital	Gen	I A	21	4	14	11	228
Trinidad, 11,732—Las Animas							
Mt. San Rafael Hospital◇	Gen	Church	65	10	108	37	1,025
Walsenburg, 5,505—Huerfano							
Lamme Brothers Hospital	Gen	Part	20	3	18	7	285
Wheat Ridge, 1,030—Jefferson							
Evangelical Lutheran Sanit.	TB	Church	125	..	..	60	27
Woodmen, 400—El Paso							
Modern Woodmen of America Sanatorium	TB	Frat	250	..	..	128	187
Related Institutions							
Boulder, 11,223—Boulder							
Boulder County Hospital	Gen	County	40	6	66	35	350
Mesa Vista Sanatorium	TB	Indiv	30	..	..	16	16
Canon City, 5,928—Fremont							
Colorado State Penitentiary Hospital	Inst	State	35	..	..	26	626
Collbran, 341—Mesa							
Plateau Valley Congregation Hospital	Gen	Church	8	4	18	3	115
Colorado Springs, 33,237—El Paso							
Myron Stratton Home and Hospital	Inst	NPAssn	20	..	..	15	60
Denver, 287,861—Denver							
Costello Home	TB	Frat	16	..	..	10	5
Oakes Home Sanitarium	TB	Church	150	..	..	New	...
St. Francis Sanatorium	TB	Church	16	..	..	15	25
Salvation Army Woman's Home and Hospital	Mat	Church	8	10	77	4	80
Englewood, 7,980—Arapahoe							
Temple Sanatorium	TBConv	Indiv	25	..	..	20	120
Fruita, 1,053—Mesa							
Fruita Community Hospital	Gen	Indiv	8	1	6	3	134
Golden, 2,426—Jefferson							
Hospital-State Industrial School for Boys	Inst	State	24	..	..	4	576
Grand Junction, 10,247—Mesa							
State House and Training School for Mental Defectives	MeDe	State	300	..	..	275	16
Greeley, 12,203—Weld							
Island Grove County Hospital	Inst	County	70	..	..	64	195
Homelake, 225—Rio Grande							
Colorado State Soldiers' and Sailors' Home	Inst	State	30	..	..	15	70
Las Animas, 2,517—Bent							
Blackwill Hospital	Gen	Indiv	11	3	12	2	75
La Veta, 782—Huerfano							
La Veta Hospital	Gen	Indiv	6	1	8	..	30
Longmont, 6,029—Boulder							
St. Vrain Hospital	Gen	Indiv	12	3	17	10	158
Loveland, 5,505—Larimer							
Loveland Hospital and Clinic	Gen	Part	10	5	27	4	288
Namaqua Hospital	Gen	Indiv	14	4	10	3	144
Monte Vista, 2,610—Rio Grande							
Monte Vista Hospital	Gen	Part	9	3	30	7	267
Pueblo, 50,098—Pueblo							
City Isolation Hospital	Iso	City	13	..	..	..	...

COLORADO—Continued

Related Institutions	Type of Service	Control	Beds, Rated Capacity	Bassinets	Number of Births	Average Patients	Patients Admitted
Ridge, 267—Jefferson							
State Home and Training School for Mental Defectives	MeDe	State	200	..	..	200	18
Seibert, 273—Kit Carson							
Seibert Hospital	Gen	Indiv	6	2	4	1	45
Windsor, 1,852—Weld							
Bartz Memorial Hospital	Gen	Indiv	7	2	14	2	72
Yuma, 1,360—Yuma							
Lutheran Deaconess Hospital	Gen	Church	7	11	19	4	177

Summary for Colorado:

	Number	Beds	Average Patients	Patients Admitted
Hospitals and sanatoriums	77	11,330	7,824	76,711
Related institutions	26	1,084	730	3,623
Totals	103	13,414	8,568	80,334
Refused registration	20	471		

CONNECTICUT

Hospitals and Sanatoriums	Type of Service	Control	Beds, Rated Capacity	Bassinets	Number of Births	Average Patients	Patients Admitted
Bridgeport, 146,716—Fairfield							
Bridgeport Hospital◇◇	Gen	NPAssn	328	74	1,284	253	7,887
Englewood Hospital	Gen	Thiz	120	..	..	23	695
St. Vincent's Hospital◇◇	Gen	Church	216	35	680	182	3,689
Bristol, 28,453—Hartford							
Bristol Hospital◇	Gen	NPAssn	84	22	309	62	2,057
Canaan, 565—Litchfield							
Robert C. Geer Memorial Hosp.	Gen	NPAssn	25	6	31	8	308
Cromwell, 2,814—Middlesex							
Cromwell Hall	Gen	Corp	33	..	..	16	63
Danbury, 22,261—Fairfield							
Danbury Hospital◇◇	Gen	NPAssn	112	23	383	86	2,652
Derby, 10,788—New Haven							
Griffin Hospital◇	Gen	NPAssn	80	20	295	54	1,686
Greens Farms, 2,500—Fairfield							
Hall-Brooke Sanitarium	N&M	Corp	85	..	..	63	119
Greenwich, 5,981—Fairfield							
"Blythewood"◇◇	N&M	Corp	70	..	..	47	87
Greenwich Hospital◇	Gen	NPAssn	101	24	310	72	2,170
Hartford, 164,072—Hartford							
Cedarcrest Sanatorium	TB	State	287	..	..	280	179
Charter Oak Private Hospital	Gen	Corp	14	..	..	3	157
Hartford Hospital◇◇	Gen	Corp	695	87	1,730	520	14,498
Mt. Sinai Hospital	Gen	NPAssn	65	10	175	42	1,679
Municipal Hospitals◇◇	Genls	City	305	30	351	247	5,982
Neuro-Psychiatric Inst. and Hospital of the Hartford Retreat◇	N&M	NPAssn	300	..	..	205	468
St. Francis Hospital◇◇	Gen	Church	450	75	1,200	367	7,571
Wildwood Sanatorium	TB	NPAssn	50	..	..	32	76
Manchester, 5,760—Hartford							
Manchester Memorial Hospital	Gen	NPAssn	55	11	209	38	1,141
Meriden, 28,481—New Haven							
Meriden Hospital◇◇	Gen	NPAssn	118	18	350	72	2,026
Undercliff, Meriden State Tuberculosis Sanatorium◇	TB	State	232	..	..	231	183
Middletown, 24,554—Middlesex							
Connecticut State Hospital◇◇	Ment	State	3,024	..	..	3,013	780
Middlesex Hospital◇◇	Gen	NPAssn	125	27	416	93	2,450
Milford, 12,608—New Haven							
Milford Hospital	Gen	NPAssn	50	15	110	18	732
New Britain, 68,128—Hartford							
New Britain General Hosp.◇◇	Gen	NPAssn	205	36	606	131	3,643
New Haven, 162,655—New Haven							
Dr. J. H. Evans' Private Hosp.	Gen	Indiv	7	4	14	4	87
Grace Hospital◇◇	Gen	NPAssn	242	44	716	149	4,222
Hospital of St. Raphael◇◇	Gen	Church	220	30	552	180	5,730
New Haven Hospital◇◇	Gen	NPAssn	397	42	604	313	7,050
Newington, 4,572—Hartford							
Newington Home for Crippled Children	Orth	NPAssn	190	..	..	183	134
Veterans Admin. Facility	Gen	Vet	200	..	..	196	1,275
New London, 29,542—New London							
Home Memorial Hospital	Gen	Corp	48	12	125	25	670
Lawrence and Memorial Associated Hospitals◇◇	Gen	NPAssn	190	36	530	106	2,577
Dr. Lena's Surgical Hospital	Surg	Indiv	24	1	1	16	773
New Milford, 4,700—Litchfield							
New Milford Hospital	Gen	NPAssn	30	10	63	13	210
Newtown, 402—Fairfield							
Fairfield State Hospital	Ment	State	500	..	..	429	426
Norwalk, 36,019—Fairfield							
Norwalk General Hospital◇◇	Gen	NPAssn	142	23	465	83	2,092
Norwich, 23,021—New London							
Norwich State Hospital	Ment	State	2,919	..	..	2,773	1,301
Norwich State Tuberculosis Sanat. (Uncas-on-Thames)◇	TB	State	404	..	..	266	397
William W. Backus Hospital◇◇	Gen	NPAssn	127	28	363	92	2,520
Putnam, 7,318—Windham							
Day Kimball Hospital	Gen	Corp	75	10	132	45	1,245
Rockville, 7,445—Tolland							
Rockville City Hospital	Gen	NPAssn	35	10	73	13	502
Sharon, 1,710—Litchfield							
Sharon Hospital	Gen	NPAssn	40	12	140	15	396
Shelton, 10,113—Fairfield							
Laurel Heights State Tuberculosis Sanatorium	TB	State	350	..	..	343	231

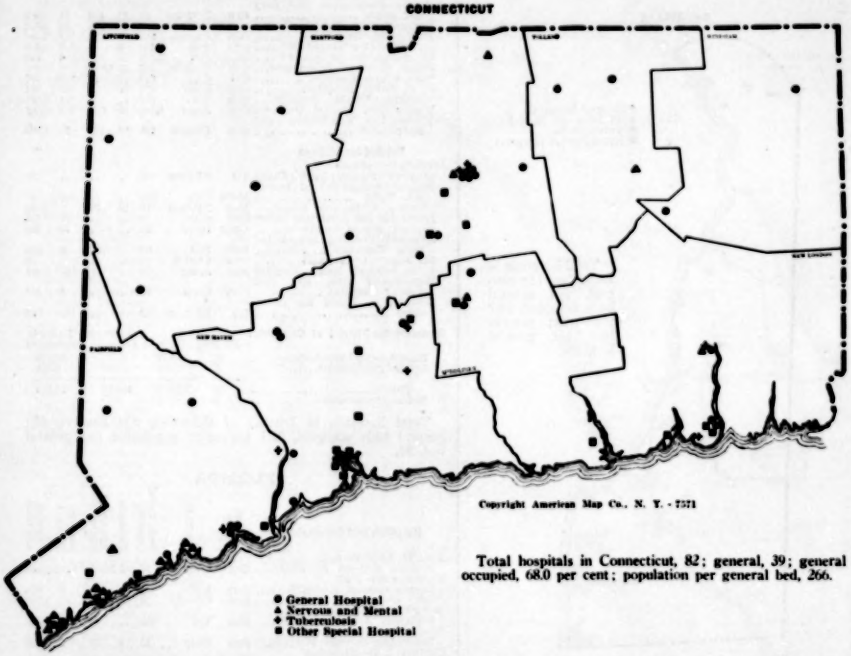
Key to symbols and abbreviations is on page 1091

CONNECTICUT—Continued

Hospitals and Sanatoriums	Type of Service	Control	Beds, Rated Capacity	Bassinets	Number of Births	Average Patients	Patients Admitted
South Norwalk, 8,068—Fairfield							
Dr. Wadsworth's Sanitarium	N&M	Indiv	25	..	..	15	19
Stafford Springs, 3,492—Tolland							
Cyril and Julia C. Johnson Memorial Hospital	Gen	NPAssn	36	12	121	18	446
Stamford, 46,346—Fairfield							
Dr. Barnes Sanitarium	N&M	Corp	60	..	..	40	86
Stamford Hall	N&M	Corp	220	..	..	176	160
Stamford Hospital‖◇	Gen	Corp	224	56	509	114	3,613
Tophassee Grange	N&M	Corp	20	..	..	14	9
Thompsonville, 8,525—Hartford							
Elmcroft—Dr. Vail's Sanat.	N&M	Corp	20	..	..	5	18
Torrington, 26,040—Litchfield							
Charlotte Hungerford Hospital	Gen	NPAssn	130	20	292	60	1,360
Wallingford, 11,176—New Haven							
Gaylord Farm Sanatorium	TB	NPAssn	142	..	..	141	196

CONNECTICUT—Continued

Related Institutions	Type of Service	Control	Beds, Rated Capacity	Bassinets	Number of Births	Average Patients	Patients Admitted
Hamden, 5,000—New Haven							
Children's Community Center	Inst	NPAssn	34	..	..	..	...
Mansfield Depot, 306—Tolland							
Mansfield State Training School and Hospital	MeDe	State	1,200	..	..	1,164	97
Meriden, 38,481—New Haven							
Connecticut School for Boys	Inst	State	24	..	..	9	450
Middletown, 24,554—Middlesex							
Long Lane Farm	Inst	State	9	..	..	4	182
New Canaan, 2,372—Fairfield							
Silver Hill	Nerv	Corp	15	..	..	..	...
New Haven, 162,655—New Haven							
Jewish Home for the Aged	Inst	NPAssn	80	..	..	82	33
Springside Home and Hospital	Inst	City	70	..	..	..	...
Yale Infirmary	Inst	NPAssn	30	..	..	7	515



Total hospitals in Connecticut, 82; general, 39; general beds occupied, 68.0 per cent; population per general bed, 266.

Waterbury, 99,809—New Haven								
St. Mary's Hospital‖◇	Gen	Church	220	44	831	165	7,175
Waterbury Hospital‖◇	Gen	NPAssn	321	56	572	170	4,365
Waterford, 4,742—New London								
The Seaside	TB	State	100	..	..	64	58
Westport, 6,073—Fairfield								
Westport Sanitarium	N&M	Corp	80	..	..	62	116
Willimantic, 12,102—Windham								
Windham Community Memorial Hospital	Gen	NPAssn	75	16	140	38	1,215
Winsted, 7,883—Litchfield								
Litchfield County Hospital	Gen	NPAssn	75	12	157	34	837
Related Institutions								
Bridgeport, 146,716—Fairfield								
Hillside Home and Hosp.	G&N&MChy		275	..	..	260	1,060
Cheshire, 3,283—New Haven								
Connecticut Reformatory	Inst	State	37	..	..	5	196
Essex, 2,777—Middlesex								
Pettipaug Lodge and Sanit.	Conv	Indiv	16	..	..	8	17
Greenwich, 5,981—Fairfield								
Dr. Bowman's Sanatorium	Conv	Indiv	15	..	Nodata supplied		
Crest View Sanitarium	N&M	Corp	22	..	..	13	14
Municipal Hospital	Tbls	City	61	2	..	22	124

New London, 29,640—New London								
Connecticut College Infirmary	Inst	Corp	12	..	..	4	600
Niantic, 1,697—New London								
Connecticut State Farm for Women	Inst	State	40	76	40	32	178
Noroton Heights, 700—Fairfield								
Soldiers Hospital	Inst	State	131	..	..	118	1,395
Springdale, 665—Fairfield								
Nestledown Home	Conv	Indiv	12	..	..	..	12
Stratford, 19,212—Fairfield								
Sunnyside Sanitarium	Conv	Indiv	15	..	..	7	47
West Hartford, 24,041—Hartford								
St. Agnes Home	Mat	Church	11	12	62	2	71
West Haven, 25,805—New Haven								
West Haven Conv. Home	Conv	Indiv	6	..	..	6	10
Wethersfield, 7,512—Hartford								
Connecticut State Prison Hosp.	Inst	State	34	..	..	16	274

Summary for Connecticut:

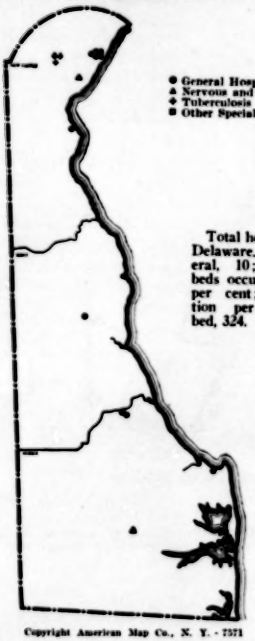
	Number	Beds	Average Patients	Patients Admitted
Hospitals and sanatoriums	60	15,236	12,575	114,562
Related institutions	22	2,313	2,009	5,464
Totals	82	17,549	14,584	120,026
Refused registration	2		51	

Key to symbols and abbreviations is on page 1091

DELAWARE

Hospitals and Sanatoriums	Type of Service	Control	Beds, Rated Capacity	Bassinets	Number of Births	Average Patients	Patients Admitted
Dover, 4,800—Kent							
Kent General Hospital	Gen	Corp	45	8	95	22	872
Farnhurst, 332—New Castle							
Delaware State Hospital◆◇	Ment	State	978	..	..	871	270
Ft. Dupont (Delaware City P.O.)—New Castle							
Station Hospital	Gen	Army	28	..	..	5	130
Lewes, 1,923—Sussex							
Beebe Hospital◇	Gen	NPAssn	60	8	51	18	566
Marshallton, 630—New Castle							
Brandywine Sanatorium	TB	State	121	..	..	97	74
Edgewood Sanatorium (col.)	TB	State	40	..	..	32	35
Milford, 3,719—Sussex							
Marshall Hospital	Gen	Part	30	..	26	7	272
Milford Emergency Hospital◇	Gen	Corp	39	6	68	23	693

DELAWARE



● General Hospital
▲ Nervous and Mental
◆ Tuberculosis
■ Other Special Hospital

Total hospitals in Delaware, 15; general, 10; general beds occupied, 58.7 per cent; population per general bed, 324.

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Wilmington, 106,597—New Castle							
Delaware Hospital◆◇	Gen	Corp	176	24	629	133	4,277
Homeopathic Hospital◇	Gen	NPAssn	165	30	459	99	3,338
St. Francis Hospital◇	Gen	Church	72	12	228	47	1,779
Wilmington General Hosp.◆◇	Gen	NPAssn	115	18	404	72	2,424
Related Institutions							
Marshallton, 630—New Castle							
Sunnybrook Cottage	TB	NPAssn	22	..	..	20	35
Stockley, 138—Sussex							
Delaware Colony	MeDe	State	380	..	..	340	67
Wilmington, 106,597—New Castle							
Gross Private Hospital	Gen	Part	16	6	..	New	...

Summary for Delaware:

	Number	Beds	Average Patients	Patients Admitted
Hospitals and sanatoriums	12	1,867	1,426	14,660
Related institutions	3	418	372	196
Totals	15	2,285	1,798	14,856
Refused registration	0			

DISTRICT OF COLUMBIA

Hospitals and Sanatoriums	Type of Service	Control	Beds, Rated Capacity	Bassinets	Number of Births	Average Patients	Patients Admitted
Washington, 486,869							
Carson's Private Hosp. (col.)	Gen	Indiv	15	4	16	11	286
Central Dispensary and Emergency Hospital◆◇	Gen	NPAssn	270	..	..	201	7,157
Chevy Chase Sanatorium	N&M	Indiv	23	..	..	19	47
Children's Hospital◆◇	Chil	NPAssn	182	..	..	126	4,159
Children's Tuberculosis Sanat. (Glenn Dale, Md. P. O.)	TB	City	142	..	..	New	...
Columbia Hospital for Women and Lying-in Asylum◆	Mat	Corp	129	80	1,545	75	2,660
Eastern Dispensary and Casuality Hospital	Gen	NPAssn	150	25	16	40	1,515
Episcopal Eye, Ear and Throat Hospital◇	ENT	Church	100	..	..	64	5,238
Freedmen's Hospital (col.)◆◇	Gen	Fed	320	44	788	242	4,322
Gallinger Municipal Hosp.◆◇	Gen	City	700	84	1,802	661	10,071
Garfield Memorial Hospital◆◇	Gen	Corp	208	45	604	139	7,982
Georgetown University Hosp.◆◇	Gen	NPAssn	213	51	781	126	4,239
George Washington University Hospital◇	Gen	NPAssn	92	22	419	79	2,359
National Homeopathic Hosp.	Gen	NPAssn	60	20	221	44	1,385
Providence Hospital◆◇	Gen	Church	215	30	472	138	4,016
St. Elizabeths Hospital◆◇	Gen	Fed	446	4	3	377	1,458
St. Elizabeths Hospital◆◇	Ment	Fed	5,275	..	..	5,000	954
Sibley Memorial Hospital◆◇	Gen	Church	235	75	1,835	181	7,467
Tuberculosis Hospital	TB	City	220	..	..	215	210
U. S. Naval Hospital	Gen	Navy	329	..	..	121	971
Veterans Admin. Facility	Gen	Vet	327	..	..	261	2,691
Walter Reed General Hosp.◆	Gen	Army	1,120	12	353	881	8,061
Washington Sanitarium and Hospital◆◇	Gen	Church	170	10	178	95	1,888
Related Institutions							
Washington, 486,869							
Children's Summer Health Camp	TB	NPAssn	150	..	..	..	150
District Training School (Laurel, Md. P.O.)	MeDe	City	540	..	..	462	87
Florence Crittenton Home	Mat	NPAssn	10	10	30	3	92
Home for the Aged and Infirm	Inst	City	84	..	..	84	155
Kendall House Sanitarium	Conv	Indiv	22	..	..	10	100
National Training School for Boys Hospital	Inst	Fed	30	..	..	8	255
St. John's Orphanage	Inst	Church	15	..	..	2	52
U. S. Soldiers' Home Hospital	Inst	Army	500	..	..	305	1,451
Washington Eye, Ear and Throat Hospital	ENT	Corp	15	..	..	1	257
Washington Home for Incurables	Inc	NPAssn	102	..	..	137	93

Summary for District of Columbia:

	Number	Beds	Average Patients	Patients Admitted
Hospitals and sanatoriums	23	11,029	9,113	88,411
Related institutions	10	1,528	1,162	2,622
Totals	33	12,557	10,275	90,033
Refused registration	0			

Total hospitals in District of Columbia, 33; general, 17; general beds occupied, 72.1 per cent; population per general bed, 91.

FLORIDA

Hospitals and Sanatoriums	Type of Service	Control	Beds, Rated Capacity	Bassinets	Number of Births	Average Patients	Patients Admitted
Arcadia, 4,082—De Soto							
Arcadia General Hospital	Gen	Corp	25	3	No data supplied		
Bartow, 5,269—Polk							
Bartow General Hospital	Gen	Indiv	20	4	22	8	436
Polk County Hospital	Gen	County	56	5	30	53	1,075
Bay Pines,—Pinellas							
Veterans Admin. Facility	Gen	Vet	197	..	..	132	1,342
Bradenton, 5,986—Manatee							
Bradenton General Hospital	Gen	Corp	15	4	32	5	242
Century, 1,325—Escambia							
Turberville Hospital	Gen	Part	30	4	22	11	536
Chattahoochee, 450—Gadsden							
Florida State Hospital◇	Ment	State	4,125	..	..	3,995	1,299
Clearwater, 7,607—Pinellas							
Morton Plant Hospital	Gen	NPAssn	85	10	66	10	415
Coral Gables, 5,607—Dade							
University Hospital	Gen	Corp	35	12	95	14	650
Dade City, 1,811—Pasco							
Jackson Memorial Hospital	Gen	Indiv	12	2	..	..	...
Daytona Beach, 16,526—Volusia							
Halifax District Hospital	Gen	NPAssn	125	..	140	25	972
Halifax District Hospital (Colored Annex)	Gen	NPAssn	18	3	13	8	245
De Land, 5,246—Volusia							
De Land Memorial Hospital	Gen	NPAssn	36	11	40	5	332
Ft. Barrancas, 90—Escambia							
Station Hospital	Gen	Army	30	..	..	21	832
Ft. Lauderdale, 8,666—Broward							
Memorial Hospital	Gen	Corp	35	7	No data supplied		
Ft. Myers, 9,062—Lee							
Lee Memorial Hospital	Gen	NPAssn	25	4	30	2	360
Gainesville, 10,465—Alachua							
Alachua County Hospital	Gen	County	60	10	113	21	837
Jacksonville, 129,549—Duval							
Brewster Hospital (col.)◇	Gen	Church	65	10	221	25	660
Duval County Hospital◇	Gen	County	170	15	611	136	3,038

Key to symbols and abbreviations is on page 1091

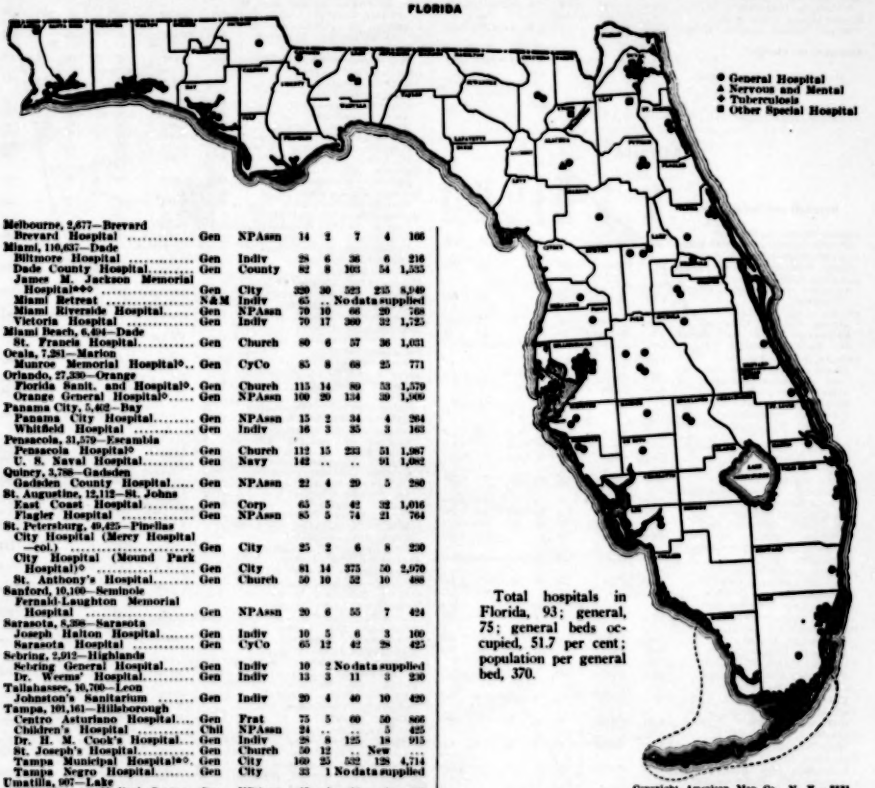
FLORIDA—Continued

Hospitals and Sanatoriums	Type of Service	Control	Beds, Rated Capacity	Bassinets	Number of Births	Average Patients	Patients Admitted
Dr. Randolph's Sanitarium	N&M	Indiv	10	..	..	6	39
Riverside Hospital[9]	Gen	Corp	40	6	50	21	869
St. Luke's Hospital[9][0]	Gen	NPAssn	153	22	429	71	2,836
St. Vincent's Hospital[9]	Gen	Church	200	40	410	88	2,918
Key West, 12,831—Monroe							
U. S. Marine Hospital	Gen	USPHS	65	..	..	38	481
Lake City, 4,416—Columbia							
Lake Shore Hospital	Gen	NPAssn	15	5	17	7	271
Veterans Admin. Facility	Gen	Vet	307	..	..	248	2,143
Lakeland, 18,544—Polk							
Morrell Memorial Hospital	Gen	City	72	16	67	27	1,122
Manatee, 3,219—Manatee							
Riverside Hospital	Gen	Indiv	30	3	20	5	325
Marianna, 3,572—Jackson							
Baltzell Hospital	Gen	Indiv	12	1	4	2	140
Melbourne, 2,677—Brevard							
Brevard Hospital	Gen	NPAssn	14	2	7	4	106
Miami, 110,637—Dade							
Biltmore Hospital	Gen	Indiv	28	6	36	6	216
Dade County Hospital	Gen	County	82	8	103	54	1,555
James M. Jackson Memorial Hospital[9][0]	Gen	City	220	30	221	215	8,049
Miami Retreat	N&M	Indiv	65	..	No data supplied		
Miami Riverside Hospital	Gen	NPAssn	70	10	66	20	768
Victoria Hospital	Gen	Indiv	70	17	300	32	1,725
Miami Beach, 6,894—Dade							
St. Francis Hospital	Gen	Church	80	6	57	36	1,031
Ocala, 7,281—Marion							
Munroe Memorial Hospital[9]	Gen	CyCo	85	8	68	25	771
Orlando, 27,330—Orange							
Florida Sanit. and Hospital[9]	Gen	Church	115	14	80	53	1,579
Orange General Hospital[9]	Gen	NPAssn	100	20	134	39	1,909
Panama City, 5,462—Bay							
Panama City Hospital	Gen	NPAssn	15	2	34	4	264
Whitfield Hospital	Gen	Indiv	16	3	35	3	163
Pensacola, 31,579—Escambia							
Pensacola Hospital[9]	Gen	Church	112	15	233	51	1,987
U. S. Naval Hospital	Gen	Navy	142	..	..	91	1,082
Quincy, 3,786—Gadsden							
Gadsden County Hospital	Gen	NPAssn	22	4	29	5	280
St. Augustine, 12,112—St. Johns							
East Coast Hospital	Gen	Corp	65	5	42	32	1,016
Flagler Hospital	Gen	NPAssn	85	5	74	21	764
St. Petersburg, 40,425—Pinellas							
City Hospital (Mercy Hospital—col.)	Gen	City	25	2	6	8	230
City Hospital (Mound Park Hospital)[9]	Gen	City	81	14	375	50	2,070
St. Anthony's Hospital	Gen	Church	50	10	52	10	488
Sanford, 10,100—Seminole							
Fernald-Laughton Memorial Hospital	Gen	NPAssn	20	6	55	7	424
Sarasota, 8,398—Sarasota							
Joseph Halton Hospital	Gen	Indiv	10	5	6	3	109
Sarasota Hospital	Gen	CyCo	65	12	42	28	425
Sebring, 2,912—Highlands							
Sebring General Hospital	Gen	Indiv	10	2	No data supplied		
Dr. Weems' Hospital	Gen	Indiv	13	3	11	3	230
Tallahassee, 16,700—Leon							
Johnston's Sanitarium	Gen	Indiv	20	4	40	10	420
Tampa, 101,161—Hillsborough							
Centro Asturiano Hospital	Gen	Frat	75	5	60	50	866
Children's Hospital	Chil	NPAssn	24	..	..	5	425
Dr. H. M. Cook's Hospital	Gen	Indiv	28	8	125	18	915
St. Joseph's Hospital	Gen	Church	150	12	..	New	
Tampa Municipal Hospital[9]	Gen	City	169	25	532	128	4,714
Tampa Negro Hospital	Gen	City	33	1	No data supplied		
Umatilla, 997—Lake							
Lake County Medical Center	Gen	NPAssn	25	6	33	9	488
West Palm Beach, 35,610—Palm Beach							
Good Samaritan Hospital[9]	Gen	NPAssn	110	14	122	38	1,405
Pine Ridge Hospital (col.)	Gen	NPAssn	27	5	5	16	363
Related Institutions							
Brooksville, 1,405—Hernando							
Hernando General Hospital	Gen	NPAssn	12	2	No data supplied		
Daytona Beach, 16,586—Volusia							
Daytona Beach Sanitarium	Gen	Indiv	10	1	16	2	62
Ft. Myers, 9,092—Lee							
Jones-Walker Hospital (col.)	Gen	NPAssn	10	..	No data supplied		
Gainesville, 10,465—Alachua							
Florida Farm Colony for Epileptic and Feebleminded	MeDe	State	530	..	..	526	17

FLORIDA—Continued

Related Institutions	Type of Service	Control	Beds, Rated Capacity	Bassinets	Number of Births	Average Patients	Patients Admitted
Homestead, 2,319—Dade							
Post Graduate Hospital	Gen	Part	10	4	..	..	...
Jacksonville, 129,549—Duval							
Hope Haven	Orth	NPAssn	21	..	..	19	122
Kissimmee, 3,163—Osceola							
Osceola Hospital	Gen	Indiv	15	4	2	9	350
Largo, 1,429—Pinellas							
Pinellas County Home	TB	County	18	..	..	..	...
Leesburg, 4,113—Lake							
Theresa Holland Clinic	Gen	Indiv	18	4	61	6	186
Miami, 110,637—Dade							
Christian Hospital (col.)	Gen	NPAssn	25	4	53	10	348
Sun Ray Park Health Resort	Conv	Corp	75	..	..	..	...
Orange Park, 661—Clay							
Mooschaven Hospital	Inst	Frat	40	..	..	25	109

FLORIDA



Total hospitals in Florida, 93; general, 75; general beds occupied, 51.7 per cent; population per general bed, 370.

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Palatka, 6,300—Putnam							
Glendale Terrace Hospital	Gen	Part	16	4	No data supplied		
Mary Lawson Sanat. (col.)	Gen	Indiv	25	6	10	4	60
Parkview Hospital	Gen	Indiv	28	6	15	4	134
Raiford, 400—Union							
Florida State Farm Hospital	Inst	State	44	..	..	16	964
St. Petersburg, 40,425—Pinellas							
American Legion Hospital for Crippled Children	Orth	State	30	..	..	16	91
Earle Restorium	Conv	Indiv	20	..	..	12	80
Stuart, 1,924—Martin							
St. Lucie Sanitarium	Gen	County	10	3	9	6	136

Key to symbols and abbreviations is on page 1091

FLORIDA—Continued

Related Institutions	Type of Service	Control	Beds, Rated Capacity	Bassinets	Number of Births	Average Patients	Patients Admitted
Tallahassee, 10,700—Leon							
Florida Agricultural and Mechanical College Hosp. (col.)	Inst	State	42	2	6	12	612
Tampa, 101,161—Hillsborough							
Hillsboro County Tuberculosis Sanatorium	TB	County	66	..	..	60	48
Mills Hospital	N&M	Indiv	10	..	..	..	..
Pine Heath Preventorium	Chil	NPAssn	25	..	..	25	256
Tampa Sanitarium	Gen	Indiv	8	..	..	3	32
Umatilla, 907—Lake							
Harry-Anna Memorial Home for Crippled Children	Orth	Frat	35	..	..	27	60
Vero Beach, 2,296—Indian River							
Indian River Hospital	Gen	Indiv	12	5	11	2	185
Wauchula, 2,574—Hardee							
Wauchula Infirmary	Gen	Corp	8	5	No data supplied		
Winter Haven, 7,138—Polk							
Winter Haven General Hosp.	Gen	Corp	15	5	No data supplied		

Summary for Florida:

	Number	Beds	Average Patients	Patients Admitted
Hospitals and sanatoriums	67	8,382	6,093	65,227
Related institutions	26	1,121	841	5,200
Totals	93	9,503	6,934	70,427
Refused registration	21	300		

GEORGIA

Hospitals and Sanatoriums	Type of Service	Control	Beds, Rated Capacity	Bassinets	Number of Births	Average Patients	Patients Admitted
Albany, 14,507—Dougherty							
Phoebe Putney Memorial Hosp.	Gen	NPAssn	45	5	70	13	834
Alto, 219—Habersham							
State Tuberculosis Sanatorium	TB	State	339	..	..	280	956
American, 8,709—Sumter							
Americus and Sumter County Hospital	Gen	CyCo	30	2	18	5	283
Athens, 18,102—Clarke							
Athens General Hospital	Gen	County	55	9	51	21	643
Fairview Tuberculosis Sanat.	TB	NPAssn	36	..	..	16	27
St. Mary's Hospital	Gen	Corp	35	4	No data supplied		
Atlanta, 360,691—Fulton							
Albert Steiner Clinic for Cancer and Allied Diseases◆	Ca	City	30	..	..	24	425
Atlanta Hospital	Gen	Indiv	20	6	..	..	..
Battle Hill Sanatorium	TB	CyCo	218	..	..	211	167
Blackman Sanatorium	Gen	Indiv	20	..	..	10	298
Crawford W. Long Memorial Hospital	Gen	NPAssn	142	12	322	32	2,456
Georgia Baptist Hospital◆◇	Gen	Church	130	29	480	85	4,455
Grady Hospital◆◇	Gen	City	300	64	1,434	216	10,339
Grady Hospital, Emory University Division (col.)◆◇	Gen	City	220	33	1,559	217	8,381
Henrietta Egleston Hospital for Children◆◇	Chil	NPAssn	50	2	..	21	884
Piedmont Hospital◆◇	Gen	Corp	120	15	192	55	2,226
St. Joseph Infirmary◇	Gen	Church	120	15	187	48	1,877
Veterans Admin. Facility	Gen	Vet	200	..	..	195	1,339
William A. Harris Memorial Hospital (col.)	Gen	Indiv	13	2	No data supplied		
Augusta, 60,342—Richmond							
University Hospital◆◇	Gen	City	251	19	408	162	6,930
Veterans Admin. Facility	Ment	Vet	966	..	..	966	367
Wilhenford Hospital for Women and Children	Gen	NPAssn	50	4	32	16	723
Bainbridge, 6,141—Decatur							
Bainbridge Hospital	Surg	Indiv	32	1	..	23	566
Riverside Hospital	Gen	Part	25	6	48	10	364
Brunswick, 14,022—Glynn							
Brunswick City Hospital	Gen	CyCo	64	8	No data supplied		
Cairo, 3,189—Grady							
Cairo Hospital	Gen	Indiv	25	4	29	8	376
Canton, 2,862—Cherokee							
Cokers' Hospital	Gen	Corp	25	2	26	10	317
Cedartown, 8,124—Polk							
Hall-Chaudron Hospital	Gen	Indiv	10	2	10	3	200
Columbus, 43,131—Muscogee							
Columbus City Hospital◇	Gen	CyCo	250	21	233	73	3,744
Cuthbert, 3,255—Randolph							
Patterson Hospital	Gen	Indiv	28	3	12	8	346
Dalton, 8,166—Whitfield							
Hamilton Memorial Hospital	Gen	Corp	36	3	No data supplied		
Decatur, 13,276—De Kalb							
Scottish Rite Hospital for Crippled Children	Orth	Frat	60	..	..	30	225
Donalsonville, 1,183—Seminole							
Chason's Hospital	Gen	Part	30	10	No data supplied		
Dublin, 6,681—Laurens							
Claxton Sanitarium	Gen	Indiv	35	3	25	15	1,160
Eastman, 3,022—Dodge							
Coleman Sanitarium	Gen	Indiv	40	4	5	8	203
Elberton, 4,650—Elbert							
Elbert County Hospital	Gen	CyCo	16	5	15	5	288

GEORGIA—Continued

Hospitals and Sanatoriums	Type of Service	Control	Beds, Rated Capacity	Bassinets	Number of Births	Average Patients	Patients Admitted
Emory University—De Kalb							
Emory University Hospital◆◇	Gen	NPAssn	130	16	280	80	2,923
Fitzgerald, 6,412—Ben Hill							
Fitzgerald Hospital	Gen	Corp	30	4	No data supplied		
Ft. Benning, —Chattahoochee							
Station Hospital	Gen	Army	220	8	130	170	3,807
Ft. McPherson, 150—Fulton							
Station Hospital	Gen	Army	220	4	30	128	5,251
Ft. Oglethorpe, 1,185—Catoosa							
Station Hospital	Gen	Army	202	..	..	95	2,254
Ft. Screven, 17—Chatham							
Station Hospital	Gen	Army	30	..	..	40	1,305
Gainesville, 5,894—Hall							
Dewbery Hospital	Gen	Corp	52	6	42	20	883
Griffin, 10,321—Spalding							
R. F. Strickland and Son Memorial Hospital	Gen	Indiv	46	5	55	18	714
Hoschton, 427—Jackson							
Allen Clinic and Hospital	Gen	Part	10	2	16	4	194
Jesup, 2,393—Wayne							
Drs. Colvin-Ritch Sanitarium	Gen	Part	16	3	21	8	294
Lagrange, 20,131—Troup							
Dunson Hospital	Gen	City	25	6	27	14	501
Macon, 64,045—Bibb							
Hopewell Sanatorium	TB	CyCo	24	..	..	22	45
Macon Hospital◆◇	Gen	CyCo	140	15	784	100	4,736
Middle Georgia Hospital◇	Gen	Corp	50	10	146	23	1,342
Oglethorpe Private Infirmary◇	Gen	Corp	35	6	41	17	827
Pumpelly-Massenburg Sanat.	Gen	Corp	28	3	38	9	688
St. Luke's Hospital (col.)	Gen	Indiv	12	1	12	3	120
Marietta, 7,838—Cobb							
Marietta Hospital	Gen	Corp	30	4	48	8	425
Metter, 1,424—Candler							
Metter Sanitarium	Gen	Indiv	12	..	2	8	354
Milledgeville, 5,534—Baldwin							
Allen's Invalid Home	N&M	Indiv	150	..	..	86	180
Milledgeville City Hospital	Gen	Indiv	40	6	23	20	340
Milledgeville State Hospital◆	Ment	State	6,150	..	..	5,770	1,077
Milton, 2,527—Jenkins							
Milton Hospital	Gen	Indiv	22	4	15	8	431
Monroe, 3,766—Walton							
Walton County Hospital	Gen	NPAssn	16	1	6	4	180
Moultrie, 5,627—Colquitt							
Edmondson-Branson Hospital	Gen	Part	12	2	No data supplied		
Newnan, 6,386—Coweta							
Newnan Hospital	Gen	NPAssn	22	2	..	..	..
Plains, 609—Sumter							
Wise Sanitarium	Gen	Corp	30	2	16	7	260
Rome, 21,845—Floyd							
Harbin Hospital	Gen	Part	65	5	68	20	1,270
McCall Hospital	Gen	Corp	60	10	122	19	1,524
Sandersville, 3,011—Washington							
Rawlings' Sanitarium	Gen	NPAssn	30	7	38	20	667
Savannah, 85,024—Chatham							
Central of Georgia Railway Hospital	Indus	Corp	62	..	..	34	1,250
Charity Hospital (col.)◆	Gen	NPAssn	39	12	178	31	1,179
Georgia Infirmary (col.)◆	Gen	NPAssn	30	6	234	31	1,863
Oglethorpe Sanatorium◇	Gen	Indiv	50	10	103	24	985
St. Joseph Hospital◇	Gen	Church	75	12	132	36	1,281
Telfair Hospital◇	Gen	NPAssn	55	16	246	45	1,667
U. S. Marine Hospital	Gen	USPHS	165	..	..	148	1,760
Warren A. Candler Hospital◇	Gen	Church	72	6	161	50	3,009
Smyrna, 1,178—Cobb							
Dr. Brawner's Sanitarium	N&M	Indiv	40	..	..	22	169
Statesboro, 3,966—Bulloch							
Van Buren's Sanitarium (col.)	Gen	Indiv	25	..	10	13	75
Stone Mountain, 1,355—De Kalb							
Stone Mountain Sanitarium	N&M	Indiv	35	..	..	15	80
Swainsboro, 2,442—Emanuel							
Franklin Hospital	Gen	Indiv	20	2	14	3	271
Thomaston, 4,027—Upson							
Thomaston Hospital	Gen	Indiv	16	..	..	New	...
Thomasville, 11,733—Thomas							
John D. Archbold Memorial Hospital	Gen	NPAssn	103	12	69	79	1,334
Tifton, 3,296—Tift							
Coastal Plain Hospital	Gen	Corp	20	2	..	..	...
Trion, 3,295—Chattooga							
Riegel Hospital	Gen	Indiv	25	5	..	New	...
Valdosta, 13,482—Lowndes							
Frank Bird Hospital	Gen	Indiv	22	3	16	7	374
Little-Griffin Private Hospital	Gen	Corp	45	3	90	20	989
Washington, 3,158—Wilkes							
Washington General Hospital	Gen	NPAssn	25	2	24	8	327
Waycross, 15,316—Ware							
Atlantic Coast Line Hospital	Indus	Corp	75	..	..	30	1,235
Ware County Hospital	Gen	County	68	6	72	39	1,358

Related Institutions

Adel, 1,786—Cook							
Adel Hospital	Gen	Part	7	..	5	2	159
Atlanta, 360,691—Fulton							
Brook Haven Manor Sanat.	N&M	Indiv	12	..	No data supplied		
Florence Crittenton Home	Mat	NPAssn	25	15	29	3	68
Georgia Sanitarium	Gen	Indiv	10	2	2	2	45
St. Mary's Hospital	Mat	Indiv	8	8	10	..	10
U. S. Penitentiary Hospital	Inst	Fed	187	..	..	87	1,042
Venereal Hospital and Clinic	Ven	City	80	..	..	39	440

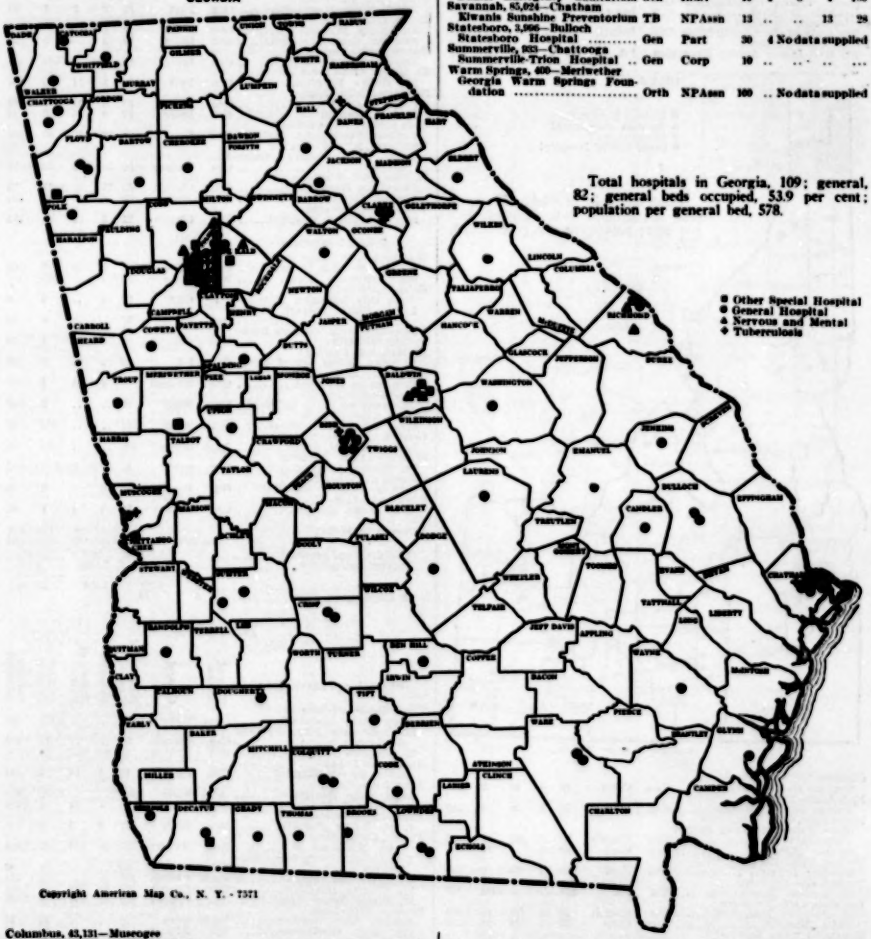
Key to symbols and abbreviations is on page 1091

GEORGIA—Continued

Related Institutions	Type of Service	Control	Beds, Rated Capacity	Bassinets	Number of Births	Average Patients	Patients Admitted
Barwick, 400—Brooks							
Sanchez Private Sanitarium	Gen	Indiv	15	2	12	7	650
Cartersville, 5,250—Bartow							
Dr. Lowry's Emergency Hosp.	Gen	Indiv	8	4	No data supplied		
Cave Spring, 725—Floyd							
Georgia School for the Deaf	Inst	State	30	..	..	4	200

GEORGIA—Continued

Related Institutions	Type of Service	Control	Beds, Rated Capacity	Bassinets	Number of Births	Average Patients	Patients Admitted
La Fayette, 2,800—Walker							
La Fayette Sanitarium	Gen	Indiv	10	2	6	2	104
Milledgeville, 5,534—Baldwin							
Georgia State Penitentiary General Hospital	Inst	State	50	..	No data supplied		
Georgia State Penitentiary Tubercular Hospital	InstTB	State	75	..	..	65	184
Moultrie, 8,027—Colquitt							
Daniel Emergency Sanitarium	Gen	Indiv	10	2	8	4	160
Savannah, 85,024—Chatham							
Kiwanis Sunshine Preventorium	TB	NPAssn	13	..	..	13	28
Statesboro, 3,966—Bulloch							
Statesboro Hospital	Gen	Part	30	4	No data supplied		
Summerville, 933—Chattooga							
Summerville-Trion Hospital	Gen	Corp	10	..	..	..	..
Warm Springs, 400—Meriwether							
Georgia Warm Springs Foundation	Orth	NPAssn	100	..	No data supplied		



Total hospitals in Georgia, 109; general, 82; general beds occupied, 53.9 per cent; population per general bed, 578.

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Related Institutions	Type of Service	Control	Beds, Rated Capacity	Bassinets	Number of Births	Average Patients	Patients Admitted
Columbus, 43,131—Muscogee							
Muscogee County Tuberculosis Sanatorium	TB	County	30	..	..	..	..
Cordele, 6,800—Crisp							
Cordele Sanatorium	Gen	Corp	11	..	..	2	99
Gillespie Hospital (col.)	Gen	Church	14	1	5	3	156
Gracewood, 91—Richmond							
Georgia Training School for Mental Defectives	MeDe	State	256	..	..	256	20

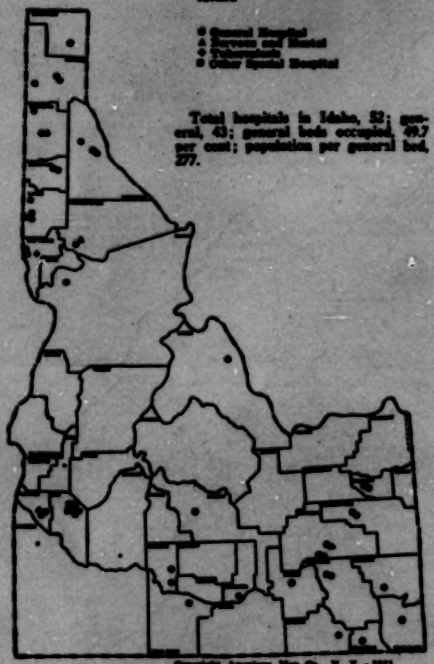
Summary for Georgia:	Number	Beds	Average Patients	Patients Admitted
Hospitals and sanatoriums	87	13,165	10,240	104,867
Related institutions	22	896	617	5,505
Totals	109	14,061	10,857	110,372
Refused registration	1	14		

Key to symbols and abbreviations is on page 1091

IDAHO

Hospitals and Classification	Ref. No.	Location	Beds	Bassinets	Patients admitted	Patients discharged	Deaths	Births
Anderson Vale, Ltd.—Perry								
Ashley Memorial Hospital	Gen	County	10	4	60	7	0	60
Bixby, R. Addison								
St. Alphonsus Hospital	220	Catholic	100	11	600	20	1,000	
St. Luke's Hospital	221	Catholic	100	11	600	20	1,000	
Veterans' Admin. Facility	222	U.S.	50	..	..	50	250	
Bonner Ferry, Ltd.—Bonner								
Bonners Ferry Hospital	Gen	Corp	15	5	60	0	0	60
Coeur d'Alene, Ltd.—Kootenai								
Coeur d'Alene Hospital	223	Private	25	5	1	75	0	60
Edwards Hospital	224	Priv.	25	5	..	75	0	60
Gibbonville								
Our Lady of Consolation Hosp.	Gen	Church	14	4	37	0	0	60
St. Ann's Mission								
St. Ann Indian Agency Hosp.	Gen	U.S.	10	..	60	0	0	60

IDAHO



● General Hospital
▲ Nervous and Mental
◆ Tuberculosis
■ Other Special Hospital

Total hospitals in Idaho, 52; general, 43; general beds occupied, 69.7 per cent; population per general bed, 577.

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Hospitals and Classification	Ref. No.	Location	Beds	Bassinets	Patients admitted	Patients discharged	Deaths	Births
Gooding, Ltd.—Gooding								
Gooding County Hospital	Gen	Co-Op	25	6	60	0	0	300
Hailey, Ltd.—Blaine								
Hailey General Hospital	Gen	Indiv	15	5	30	4	0	60
Idaho Falls, Ltd.—Bonneville								
Idaho Falls Latter-Day Saint's Hospital	225	Church	25	10	225	25	1,750	
Kellogg, Ltd.—Shoshone	226	Corp	25	5	..	75	....	
Kellogg Hospital	Gen	Priv.	25	5	60	0	0	60
Lewiston, Ltd.—Nez Perce								
St. Joseph's Hospital	227	Catholic	100	..	..	200	0	60
Malad City, Ltd.—Oneida								
Malad Valley Hospital	Gen	Indiv	15	5	60	0	0	60
Malta, Ltd.—Cassia								
Malta Hospital	Gen	Indiv	15	5	60	0	0	60
Moscow, Ltd.—Latah								
Gritman Memorial Hospital	228	Indiv	25	5	75	0	0	60
Nampa, Ltd.—Canyon								
Nampa Hospital	229	Priv.	25	5	75	0	0	60
Payette, Ltd.—Payette								
Payette Hospital	Gen	Priv.	25	5	60	0	0	60
Pocatello, Ltd.—Bannock								
Pocatello Hospital	230	Priv.	50	10	300	0	0	60
Rexburg, Ltd.—Fremont								
Rexburg Hospital	Gen	Priv.	25	5	60	0	0	60
Salmon, Ltd.—Lemhi								
Salmon Hospital	Gen	Priv.	15	5	60	0	0	60
Sandpoint, Ltd.—Bonner								
Sandpoint Hospital	Gen	Priv.	25	5	60	0	0	60
Shoshone, Ltd.—Shoshone								
Shoshone County Hospital	Gen	Co-Op	25	5	60	0	0	60
Soda Springs, Ltd.—Caribou								
Caribou Hospital	Gen	County	15	5	60	0	0	60
Twin Falls, Ltd.—Twin Falls								
Twin Falls County General Hospital	Gen	County	50	10	250	0	0	60
Weiser, Ltd.—Washington								
Washington Hospital	231	Priv.	25	5	60	0	0	60
Wallace, Ltd.—Shoshone								
Wallace Hospital	232	Priv.	25	5	60	0	0	60
Weiser, Ltd.—Washington								
St. Vincent's Hospital	Gen	Church	25	5	60	0	0	60

Federal Institutions

Blackfoot, Ltd.—Bingham								
Dr. W. W. Dale Hospital	Gen	Indiv	5	2	30	0	0	60
State Hospital South	Ment	State	50	..	..	50	0	60
Boise, St.Ltd.—Ada								
Boise City Reception Hospital	Inf	City	10	..	..	0	0	
Idaho State Soldiers' Home Hospital	Inf	State	57	..	..	0	0	
Salvation Army Women's Home and Hospital	Mat	Church	6	20	20	0	0	60
Ft. Hall, Ltd.—Bingham								
Ft. Hall Indian Agency Hosp.	Gen	U.S.	10	..	60	0	0	60
Idaho City, Ltd.—Ada								
Community Hospital	Gen	St.Assn	7	4	60	0	0	60
Moscow, Ltd.—Latah								
University of Idaho Infirmary	Inf	State	10	..	..	0	0	60
Nampa, Ltd.—Canyon								
Idaho School and Colony	Mtfo	State	60	..	..	60	0	0
Orofino, Ltd.—Clearwater								
State Hospital North	Ment	State	60	..	..	60	0	0
St. Maries, Ltd.—Benewah								
St. Paul's Hospital	Gen	Indiv	10	2	No data supplied			
Salmon, Ltd.—Lemhi								
Salmon General Hospital	Gen	Priv.	10	5	0	0	0	60
Soda Springs, Ltd.—Caribou								
Idaho Lake Hospital	Gen	Priv.	10	5	0	0	0	60

Summary for Idaho:

	Number	Beds	Bassinets	Patients admitted	Patients discharged	Deaths	Births
Hospitals and sanatoriums	52	1,753	1,103	7,145	7,145		
Federal institutions	10	179	20	1,200	1,200		
Totals	62	1,932	1,123	8,345	8,345		
Reported registration	1	1					

ILLINOIS

Hospitals and Classification	Ref. No.	Location	Beds	Bassinets	Patients admitted	Patients discharged	Deaths	Births
Alton, St.Ltd.—Madison								
Alton State Hospital	Ment	State	1,107	..	..	1,107	0	60
St. Anthony's Infirmary and Sanatorium	233	Catholic	50	15	300	50	1,000	
St. Joseph's Hospital	234	Catholic	50	15	300	50	1,000	
Amboy, Ltd.—Lee								
Amboy Public Hospital	Gen	Corp	10	3	60	4	0	60
Anna, Ltd.—Union								
Anna State Hospital	Ment	State	1,107	..	..	1,107	0	60
Anna Veterans' Home Hosp.	Gen	State	100	10	60	0	0	60
Aurora, St.—Kane								
J. H. Young Hospital	Gen	Indiv	15	5	60	0	0	60
Aurora, St.—Kane								
Copley Memorial	Gen	H'Assn	100	25	600	0	0	1,000
Bath, Ltd.—Mason								
Bath County Saving Needs Hospital	Gen	Priv.	10	3	60	0	0	60
Beardstown, St.—Cass								
Passavant Memorial Hospital	235	Methodist	100	25	600	0	0	1,000
St. Francis Hospital	236	Catholic	100	25	600	0	0	1,000
St. Joseph Mercy Hospital	237	Catholic	100	25	600	0	0	1,000
Belleville, St.—St. Clair								
Memorial Hospital Association	238	Priv.	100	25	600	0	0	1,000
Peter Bent Brigham Hospital	239	Priv.	100	25	600	0	0	1,000
Belvidere, St.—Boone								
Belvidere Hospital	240	Priv.	100	25	600	0	0	1,000
Benton, St.—Franklin								
Benton Hospital	241	Priv.	100	25	600	0	0	1,000
Bloomington, St.—McLean								
Brokaw Hospital	242	Priv.	100	25	600	0	0	1,000
Mercy Hospital	243	Catholic	100	25	600	0	0	1,000
St. Joseph's Hospital	244	Catholic	100	25	600	0	0	1,000
Bluffs, St.—Scott								
Bluffs Public Hospital	Gen	Indiv	10	3	60	0	0	60

Key to symbols and abbreviations is on page 1108

IDAHO—Continued

Hospitals and Classification	Ref. No.	Location	Beds	Bassinets	Patients admitted	Patients discharged	Deaths	Births
Chester, Ltd.—Randolph								
Chester Hospital	Gen	Priv.	10	4	11	0	0	60
Chicago, St.—Cook								
Chicago Lying-In Hospital	245	County	50	15	300	0	1,000	
St. Anthony Lying-In Hospital	246	Priv.	50	15	300	0	1,000	
Pittsfield, Ltd.—Pike								
Pittsfield Hospital	Gen	Priv.	10	3	30	0	0	60
Princeton, St.—Bureau								
Princeton Hospital	Gen	Priv.	10	3	30	0	0	60
Quincy, St.—Adams								
Quincy Memorial Hospital	Gen	Corp	15	4	60	0	0	60
Red Bridge, Ltd.—Calhoun								
Red Bridge Hospital	Gen	Priv.	10	3	30	0	0	60
Robinson, Ltd.—Crawford								
Robinson Hospital	Gen	Priv.	10	3	30	1	0	60
Rockford, St.—Winnebago								
Rockford Memorial Hospital	247	Indiv	50	15	300	0	0	60
Swedish American Hospital	248	Indiv	50	15	300	0	0	60
Rock Island, St.—Rock Island								
St. Anthony Hospital	249	Priv.	50	15	300	0	0	60
Rushville, Ltd.—Schuyler								
Rushville Hospital	Gen	Priv.	10	3	30	0	0	60
Salem, St.—Marion								
Salem Hospital	250	Priv.	50	15	300	0	0	60
Shelbyville, St.—Shelby								
Shelby County Hospital	Gen	County	10	3	30	0	0	60
Taylorville, St.—Christian								
Taylorville Memorial Hospital	Gen	Priv.	10	3	30	0	0	60
Virginia, Ltd.—Cass								
Virginia Hospital	Gen	Priv.	10	3	30	0	0	60
Washington, St.—Tazewell								
Washington Hospital	Gen	Priv.	10	3	30	0	0	60
Watseka, St.—Iroquois								
Watseka Hospital	Gen	Priv.	10	3	30	0	0	60
Waukegan, St.—Lake								
Lake County Hospital	251	Priv.	50	15	300	0	0	60
Wheaton, St.—DuPage								
Wheaton Hospital	Gen	Priv.	10	3	30	0	0	60
Winchester, Ltd.—Scott								
Winchester Hospital	Gen	Priv.	10	3	30	0	0	60
Woodstock, St.—McHenry								
Woodstock Hospital	Gen	Priv.	10	3	30	0	0	60
Zion, St.—Lake								
Zion Hospital	Gen	Indiv	10	3	30	0	0	60

ILLINOIS—Continued

Hospitals and Bassinets	Class	Location	Approved for Internes	Number Internes	Number Residents	Number Nurses	Number Other Employees	Number Patients Admitted
Peoria, 47,387—Cont.								
Methodist Hosp. (Incorp.)	Gen	NP Assn	12	2	10	60	40	1,161
Proctor Hosp.	Gen	Corp	24	2	12	70	40	1,200
St. Francis Hosp.	Gen	Corp	24	2	12	70	40	1,200
St. Joseph's Hosp.	Gen	Church	12	2	6	30	20	1,000
St. Mary's Hosp.	Gen	Church	12	2	6	30	20	1,000
Peoria Co. Tuberculosis Sanatorium	TB	County	10	..	..	8	8	80
Perry, Pinckneyville	Gen	Church	10	1	2	8	8	200
Perry Memorial, Tamaroa	Gen	Church	10	1	2	8	8	200
Children's and Maternity Hospital	Gen	NP Assn	10	1	10	8	8	1,000
Children's Free Hosp.	Gen	Church	10	1	2	8	8	200
Quincy, 41,643—Adams								
Blessing Hosp.	Gen	Church	10	1	6	12	10	600
Central Hosp.	Gen	Indiv	10	1	2	8	8	200
Quincy, Illinois	Gen	Corp	10	1	2	8	8	200
St. Mary's Hospital	Gen	Church	10	1	2	8	8	200
Quincy, 41,643—Continued								
Quincy City Hospital	Gen	City	14	17	101	6	6	1,011
Quincy, 41,643—Continued								
St. A. Kennedy Memorial Sanatorium	TB	NP Assn	12	1	2	1	1	60
Quincy Memorial	Gen	City	12	1	2	1	1	60
Quincy, 41,643—Quincy								
Albert Merritt Billings Hospital (Medical and Surgical Department of University of Chicago Clinics)								
Abbott Medical Dispensary								
Abbott Memorial Hospital								
Bacteriological Laboratory								
Bobb Memorial Hospital								
Bobb Memorial Home for Nurses								
Boyd Memorial Hospital								
Children's Memorial Hospital (Pediatric Department of University of Chicago Clinics)								
Chronic Hospital	Gen	Indiv	10	0	0	No data reported		
Cook County Hospital								
Dental Clinic								
Dispensary								
Dispensary for Women and Children								
Dispensary for Women and Children	Gen	NP Assn	10	..	..	2	2	60
Dispensary for Women and Children								
Dispensary for Women and Children								
Dispensary for Women and Children							

ILLINOIS—Continued

Hospitals and Classification	Bed Capacity	Type	Personnel: Interns	Personnel: Residents	Personnel: Nurses	Personnel: Total Personnel
Washington Park	Gen	Church	10	10	60	150
Water Tank Hospital	Gen					
Wesley Memorial Hospital	Gen					
West Side Hospital	Gen					
Women and Children's Hosp.	Gen					
Woodlawn Hospital	Gen					
Chicago, 60—Cook						
St. Joseph's Hospital	Gen	Church	100	20	200	400
Cicero, 1,600—De Witt						
St. John Street Hospital	Gen	City	10	4	20	60
Clarendon, 97—Lee						
Clarendon Hospital	Gen	Indv	10	2	8	20
Danville, 35,000—Vermilion						
Lake View Hospital						
St. Elizabeth Hospital						
St. Vincent de Paul						
Decatur, 43,000—Macon						
Decatur and Macon County Hospital	Gen	HFAss	16	16	60	160	1,500
Decatur Sanitarium						
Maternity						
St. Mary's Hospital						
Du Bois, 1,500—Perry						
Du Bois Community Hospital	Gen	City	10	4	20	60
Du Quoin, 6,000—Perry						
Du Quoin Hospital	Gen	HFAss	10	10	30	80
Dundee, 1,500—Kane						
Sherman Hospital	Gen	HFAss	20	5	30	80	600
East Alton, 10,000—Madison						
Alton State Hospital	Men	State	1,500	..	..	1,500	600
East St. Louis, 74,000—St. Clair						
Children's Welfare Service						
St. Mary's Hospital	Gen	HFAss	30	8	50	150	1,000
Edwardsville, 8,000—Madison						
Madison County Tuberculosis Sanatorium	TB	County	60	..	..	70	50
Effingham, 6,000—Effingham						
St. Anthony's Hospital	Gen	Church	60	6	60	80	600
Elgin, 49,000—Kane						
Elgin State Hospital	Men	State	2,500	..	..	2,500	1,000
Sherman Hospital	Gen	HFAss	100	20	200	400	1,000
St. Joseph's Hospital	Gen	HFAss	100	20	200	400	1,000
Elmhurst, 14,000—De Page						
Elmhurst Memorial Hospital	Gen	HFAss	60	20	200	60	1,000
Evanston, 64,000—Cook						
Evanston Community Hospital (col.)	Gen	HFAss	30	4	30	60	300
Evanston Hospital	Gen	HFAss	200	40	300	600	2,000
St. Francis Hospital	Gen	Church	100	20	200	400	1,000
Evergreen Park, 1,500—Cook						
Little Company of Mary Hospital	Gen	Church	100	20	200	400	1,000
Fairbury, 3,000—Livingston						
Fairbury Hospital	Gen	Army	60	4	20	60	1,000
Farmer City, 2,000—De Witt						
Farmer City Hospital	Gen		10	4	20	60	1,000
Forest, 1,500—Ford						
Presbyterian Hospital	Gen	Church	10	10	100	60	1,000
St. Francis Hospital	Gen	Church	100	20	200	400	1,000
Galesburg, 27,000—Knox						
Galesburg Cottage Hospital	Gen	HFAss	10	10	100	60	1,000
St. Mary's Hospital	Gen	Church	100	20	200	400	1,000
Geneva, 1,500—De Kalb						
J. C. Hospital	Gen	City	10	2	20	60	1,000
Geneva, 4,000—Kane						
Community Hospital	Gen	HFAss	60	10	100	60	1,000
Granite City, 28,000—Madison						
St. Elizabeth Hospital	Gen	Church	100	20	200	400	1,000
Harrisburg, 11,000—Saline						
Harrisburg Hospital	Gen	City	20	2	20	60	1,000
Lakeview Hospital	Gen		20	2	20	60	1,000
Harvard, 3,000—McHenry						
Harvard Community Hospital	Gen	Pvt	10	2	20	60	1,000
Harvey, 29,000—Cook						
Ingalls Memorial Hospital	Gen	HFAss	60	20	200	60	1,000
Havana, 5,000—Williamson						
Havana Hospital	Gen	Pvt	60	2	20	60	1,000
Highland, 5,000—Madison						
St. Joseph's Hospital	Gen	Church	70	2	20	60	1,000
Highland Park, 12,000—Lake						
Highland Park Hospital	Gen	HFAss	30	10	200	60	1,000
Hillsboro, 4,000—Montgomery						
Hillsboro Hospital	Gen	HFAss	30	2	20	60	1,000
Hines—Cook						
Veterans Admin. Facility	0.G.T.B	Vet	1,500	..	..	1,500	1,000
Hinsdale, 6,000—Du Page						
Hinsdale Sanitarium and Hospital	Gen	HFAss	100	2	100	60	1,000
Jacksonville, 21,000—Morgan						
Jacksonville State Hospital	Men	State	2,000	..	..	2,000	700
Jacksonville Tuberculosis Sanatorium	TB	County	60	..	..	60	60
Kewanee, 16,000—Henry						
Our Savior's Hospital	Gen						
Kewanee Hospital Assn.	Gen						
Joliet, 42,000—Will							
St. Joseph's Hospital	Gen	Church	100	20	200	400	1,000

ILLINOIS—Continued

Hospitals and Classification	Bed Capacity	Type	Personnel: Interns	Personnel: Residents	Personnel: Nurses	Personnel: Total Personnel
Silver Cross Hospital	Gen	HFAss	100	20	200	400	1,000
Will County Tuberculosis Sanatorium	TB	County	100	..	..	70	50
Kankakee, 18,000—Kankakee						
Kankakee State Hospital	Men	State	4,000	..	..	4,000	1,000
St. Mary's Hospital	Gen	Church	100	20	200	60	1,000
Kentland, 1,000—Newton						
Kentland Sanitarium	N&M	Indv	10	..	..	10	10
Kewanee, 17,000—Henry						
Kewanee Public Hospital	Gen	HFAss	20	10	100	60	100
La Grange, 5,000—Cook						
La Grange Hospital	Gen	Church	20	10	100	60	1,000
La Rabida, 1,000—Cook						
La Rabida Sanitarium	Gen		10	2	20	6	100
La Salle, 12,000—La Salle						
La Salle County Hospital	Gen	HFAss	6	2	20	60	60
La Salle, 10,000—La Salle						
St. Mary Hospital	Gen	Church	20	10	100	60	1,000
Lawrenceville, 4,000—Lawrence						
Lawrenceville Memorial Hospital	Gen	HFAss	10	2	20	6	100
Lincoln, 14,000—Logan						
Lincoln State Hospital	Men	State	2,000	..	..	2,000	1,000
St. Clara's Hospital	Gen	Church	20	2	20	60	100
Litchfield, 6,000—Montgomery						
St. Francis Hospital	Gen	Church	100	2	20	60	1,000
Macomb, 10,000—McDonough						
Macomb Community Hospital	Gen	Church	20	2	20	60	1,000
Madison, 10,000—Madison						
Madison Public Hospital	Gen	City	20	2	20	60	1,000
St. Francis Hospital	Gen	Church	20	2	20	60	1,000
Manteno, 1,000—Kankakee						
Manteno State Hospital	Men	State	1,500	..	..	1,500	1,000
Marion, 14,000—Williamson						
Memorial Hospital	Gen	Church	20	2	20	60	1,000
Marion Pen, 14,000—Cook						
Franklin Hospital	Gen	Corp	20	10	100	60	1,000
Marshall, 4,000—La Salle						
Harris Hospital	Gen	Indv	10	2	20	6	100
Mattoon, 16,000—Coles						
Lakeland Hospital	Gen	City	100	20	200	60	1,000
Luther Valley Hospital	Gen	Church	100	20	200	60	1,000
Maywood, 24,000—Cook						
Maywood Hospital	Gen	City	20	10	100	60	1,000
Medinah, 1,000—Du Page						
Medinah Hospital	Gen						
Mendota, 5,000—La Salle						
Mendota Hospital	Gen	HFAss	20	10	60	0	100
Mt. Vernon, 15,000—Jefferson						
St. Vincent Hospital	Gen	Indv	20	..	20	11	60
Mt. Zion, 1,500—Macon						
Mt. Zion Hospital	Gen	Indv	10	2	20	11	60
Murphysboro, 11,000—Jackson						
St. Andrew's Hospital	Gen	Church	20	4	20	60	100
Naperville, 5,000—Du Page						
Naperville Sanitarium	TB	HFAss	60	..	..	60	100
Normal, 6,000—McLean						
Bailey Hospital	Gen	Church	20	10	100	60	1,000
Bailey Sanitarium	TB	County	20	10	..	60	100
North Chicago, 6,000—Lake						
Veterans Admin. Facility	Men	Vet	1,100	..	..	1,000	100
Oak Forest, 2—Cook						
Cook County Infirmary	Gen	County	1,000	..	No data supplied		
Cook County Tuberculosis Hospital	TB	County	600	..	..	600	600
Oak Park, 63,000—Cook						
Oak Park Hospital	Gen	Church	200	40	300	600	2,000
West Suburban Hospital	Gen	HFAss	200	40	300	600	2,000
Olney, 6,000—Richland						
Olney Sanitarium	Gen	Corp	60	2	20	6	100
Ottawa, 10,000—La Salle						
Ottawa Hospital	TB	County	60	..	..	60	60
Ottawa Tuberculosis Sanat.	TB	City	100	..	..	100	100
Pekin Memorial Hospital	Gen		100	20	200	600	1,000
Paris, 5,000—Christian						
Edgar Memorial Hospital	Gen	Church	20	2	20	60	100
Paris, 5,000—Edgar						
Paris Hospital	Gen	Corp	60	2	20	60	100
Pekin, 10,000—Tazewell						
Pekin Public Hospital	Gen	HFAss	60	2	100	60	1,000
Peoria, 104,000—Peoria						
John C. Proctor Hospital	Gen	HFAss	100	20	100	60	1,000
Methodist Hospital of Central Illinois	Gen	Church	100	20	200	400	1,000
Mikel Farm	N&M	Indv	20	..	..	10	60
Peoria Municipal Tuberculosis Sanitarium	TB	City	100	..	..	60	60
Peoria Sanitarium	N&M	Indv	20	..	..	10	60
Peoria State Hospital	Men	State	2,500	..	..	2,500	1,000
St. Francis Hospital	Gen	Church	200	40	300	600	2,000
Pere, 5,000—La Salle						
Peoria Hospital	Gen	HFAss	20	10	100	60	1,000
Peoria, 6,000—Livingston						
Livingston County Sanatorium	TB	County	60	2	20	60	60
St. Joseph Hospital	Gen	Church	60	2	20	60	60
Princeton, 4,000—Bureau						
John Bailey Perry Memorial Hospital	Gen	City	60	2	20	60	60
Quincy, 39,000—Adams						
Blessing Hospital	Gen						
Illinois Soldiers' and Sailors' Home							
St. Mary Hospital	Gen						
Richmond, 1,000—Cook						
Richmond Hospital	Gen	Army	20	2	2	11	60
Rock Island, 1,000—Rock Island						
St. Clement's Hospital	Gen	Church	20	2	20	60	60

Key to symbols and abbreviations is on page 1094

ILLINOIS—Continued

Hospitals and Institutions	Kind	Ownership	Beds	Bassinets	Births	Patients Admitted	Patients Treated
Baldwin, 1,031—Crawford							
Baldwin Hospital	Gen	Part	10	2	12	3	114
Bedford, 10,427—Wyandotte							
Bedford Hospital	Gen	NPAss	40	10	101	33	1,007
Bedford Sanatorium Tuberculosis	Tub	Corp	100	..	..	60	116
Belleville, 22,678—St. Clair							
St. Anthony's Hospital	Gen	Cath	150	25	....	650	5,000
Belleville Sanitarium Hospital	Gen	NPAss	40	10	172	600	1,500
Memorial Sanitarium	Men	NPAss	25	5	..	60	1,000
Whitehouse County Hospital	Genito	County	20	6	12	60	1,000
Bethalto, 1,321—Madison							
Bethalto County Tuberculosis Sanatorium	Tub	County	20	..	..	60	74
St. Anthony's Hospital	Gen	Cath	25	10	25	60	1,000
Bloomington, 31,189—McLean							
Bloomington Hospital	Gen	Indiv	20	2	20	2	100
Brokaw Hospital	Gen	Indiv	25	2	0	4	80
Colburn Hospital	Gen	Indiv	25	2	0	4	80
St. Charles Hall	Gen	NPAss	20	6	61	6	100
Bloomington, 31,189—McLean							
Bloomington Tuberculosis Hospital	Tub	County	20	..	..	..	12
Bluford, 1,031—Jefferson							
Bluford Community Hospital	Gen	NPAss	10	10	70	10	80
Bryant, 1,031—Vermilion							
Bryant Hospital	Gen	City	14	5	35	4	140
Buckley, 1,031—Iroquois							
Buckley Community Hospital	Gen	County	15	5	32	9	111
Bunker Hill, 1,031—Macoupin							
Fuhrer Sanatorium	Tub	Corp	60	..	..	25	11
St. Peter's Hospital	Tub	Cath	60	..	..	25	11
St. John's Hospital	Tub	Cath	60	..	No data supplied		
St. John's Hospital	Gen	NPAss	25	10	107	30	1,100
Burnt Prairie, 1,031—White							
St. Margaret's Hospital	Gen	Comsh	40	7	60	30	1,000
Burton, 10,031—Wayne							
Burton Hospital	Gen	City	15	10	170	14	187
Bureau, 14,598—La Salle							
St. Mary's Hospital	Gen	Comsh	100	12	300	14	1,000
Cahokia, 10,—Le							
Augustus Military Hospital	Mil	Indiv	10	6	20	2	60
Cairo, 14,096—Alexander							
Tennessee Hospital	Gen	City	25	7	35	11	80
Taylorville, 7,102—Christian							
Taylorville Hospital	Gen	Comsh	25	11	100	20	1,000
Urbana, 7,—Champaign							
Curtis Memorial Hospital	Gen	Comsh	25	6	60	15	200
Champaign County Hospital	Tub	County	60	2	20	12	1,000
Henry Ridge	Tub	County	60	2	20	12	1,000
The Cottage	Tub	County	60	..	..	12	60
Vandalia, 4,—Fayette							
Vandalia Memorial	Gen	Indiv	20	6	60	10	200
Warrenville, 1,—Du Page							
Bell Vale Hospital	Gen	Indiv	25	7	25	12	200
Watseka, 5,141—Iroquois							
Watseka Hospital	Gen	County	20	2	70	20	251
Waukegan, 15,636—Lake							
Lake County General Hospital	Gen	County	60	10	No data supplied		
St. Theresa's Hospital	Gen	Cath	60	10	300	30	1,000
Victory Memorial Hospital	Gen	NPAss	25	10	200	30	1,000
Wheaton, 8,—Du Page							
Central Hospital	Tub	NPAss	100	..	..	50	100
Jane Sanatorium	Tub	City	25	..	..	20	60
Woodstock, 5,021—McHenry							
Woodstock Public Hospital	Gen	NPAss	20	7	25	7	211
Salem, 5,—Marion							
Salem Hospital	Gen	NPAss	20	2	5	3	80

Related Institutions

Related Institutions	Kind	Ownership	Beds	Bassinets	Births	Patients Admitted	Patients Treated
Abde, 9,422—Henry							
Abde Hospital	Gen	Indiv	10	2	14	3	110
Accomodation, 20—McLean							
L. H. Johnson Hospital	Gen	Indiv	10	2	7	2	60
Augusta, 1,011—Hancock							
Augusta Hospital	Gen	NPAss	12	2	No data supplied		
Chicago, 3,376,438—Cook							
Bevedy Milk Sick Home	Conv	Indiv	7	..	..	4	10
Chicago Home for Convalescent Women and Children	Conv	NPAss	25	..	..	..	60
Chicago Home for Incurables	Inc	Corp	200	..	..	25	60
Cliff Avenue Rest Home	Conv	Indiv	10	..	..	4	60
Home of Compassion Hospital	Inc	City	25	..	..	12	2,117
Illinois Odd Fellows' Hosp.	Inf	NPAss	25	..	..	11	0
Infirmary of Christ Methodist Episcopal Church	Gen	State	25	..	..	..	....
Institute Medici	Surgical	City	25	..	..	..	....
Lawrence Hall	Inf	Comsh	15	..	..	3	15
Mabel Nathan Jewish Orphan Home	Inf	NPAss	20	..	..	4	1,000
Methodist Episcopal Old People's Home	Inf	Comsh	25	..	..	4	15
Myrtle Institution	Mil	Indiv	12	..	..	4	15
St. Mary of Providence Institute	Mile	Comsh	110	..	..	20	10
Salvation Army Women's Home and Hospital	Mat	Comsh	25	12	100	14	80
Washington and Jane Smith Home	Inst	Gen	NPAss	21	..	..	9	100
Dixon, 8,029—Lee							
Dixon State Hospital*	Mile	State	2,000	10	11	2,000	200
Edwardsville, 4,439—Madison							
Ferrell Hospital	Gen	Indiv	10	1	No data supplied		
Evanston, 63,338—Cook							
The Orrelle	Old	NPAss	..	20	..	22	212
Grove House for Convalescents	Conv	NPAss	..	20	..	17	212

ILLINOIS—Continued

Related Institutions	Kind	Ownership	Beds	Bassinets	Births	Patients Admitted	Patients Treated
Fairbury, 1,515—Livingston							
Fairbury Hospital	Gen	NPAss	6	4	30	8	170
Flora, 4,446—Clay							
Flora Hospital	Gen	Indiv	7	2	20	6	200
Geneva, 4,627—Kane							
State Training School for Girls	Inst	State	17	25	..	15	212
Godfrey, 20—Madison							
Beverly Farm	Mile	Corp	75	..	..	20	0
Henry, 1,462—Marshall							
Dr. Coppernoll and Dysart Hospital	Gen	Part	7	4	25	2	145
Illinois, 4,000—Du Page							
West Suburban Home for Girls	Mat	NPAss	20	10	21	6	21
Jacksonville, 17,676—Morgan							
Illinois School for the Blind	Inst	State	25	..	..	6	125
Illinois School for the Deaf	Inst	State	25	..	..	7	125
Lincoln, 12,262—Logan							
Lincoln State School and Colony*	Mile	State	5,777	6	17	1,022	207
Marion, 14,674—Crisp							
Independent Order Odd Fellows Old Folks Home Hospital	Inst	Frat	25	..	..	40	120
Mattoon, 15,—Coles							
Illinois Security Hospital	Ment	State	225	..	..	225	65
Southern Illinois Penitentiary Hospital	Inst	State	25	..	..	25	600
Mendota, 5,—LaSalle							
Mendota Sanitarium	Gen	Indiv	9	2	No data supplied		
Mount, 1,—Wayne							
Woodland County Tuberculosis Sanatorium	Tub	County	11	..	..	..	7
Mount Carmel, 11,—Wabash							
Mennonite Hospital	Old	Frat	60	..	..	31	2,000
Mt. Prospect, 1,—Cook							
Mt. Prospect General Hospital	Gen	Corp	20	4	20	1	100
Normal, 6,—McLean							
Soldiers' and Sailors' Children's School	Inst	State	25	..	..	15	1,000
Paxton, 5,—Ford							
Paxton Community Hospital	Gen	NPAss	15	4	25	6	224
Peoria, 66,—Peoria							
Peoria Insanity Hospital	Ins	City	25	..	..	..	5
Peoria, 4,—Peoria							
Illinois State Penitentiary Hospital	Inst	State	25	..	..	25	600
Quincy, 31,—Adams							
Illinois Soldiers' and Sailors' Home and Hospital	Inst	State	150	..	..	121	600
St. Charles, 1,—Kane							
St. Charles School for Boys	Inst	State	25	..	..	15	600
Savanna, 1,—Carroll							
Station Hospital	Gen	Army	10	..	..	1	100
Sullivan, 1,—Moultrie							
Illinois Masonic Home	Inst	Frat	25	..	..	25	40
Ursana, 10,—Champaign							
Kinsley Township Hospital	Inst	State	25	..	..	25	1,000
Wadsworth, 1,—Lake							
St. Joseph's Health Resort	Conv	Comsh	60	..	..	20	200
West Chicago, 1,—Du Page							
County Hospital for Convalescent and Chronic Cases	Orth	NPAss	100	..	..	27	224
Wheaton, 7,—Du Page							
Home Farm	Mil	Frat	25	..	..	2	1
Mary E. Taylor Memorial	Gen	Frat	25	25	..	7	25
Wheaton Health Resort	Gen	Frat	25	25	..	7	25
Whiting, —Cook							
Whiting Hospital	Gen	Indiv	5	2	12	2	140
White Hall, 2,—Greene							
White Hall Hospital	Gen	Indiv	6	2	21	4	200
Winnetka, 11,—Cook							
North Shore Health Resort	Conv	Corp	25	..	..	20	....

Summary for Illinois:

	Number	Beds	Average Patients Admitted	Patients Treated
Hospitals and sanatoriums	191	10,779	47,655	495,197
Related institutions	61	10,155	6,695	39,555
Totals	252	20,934	54,350	534,752
Related registrations	6	1,261		

INDIANA

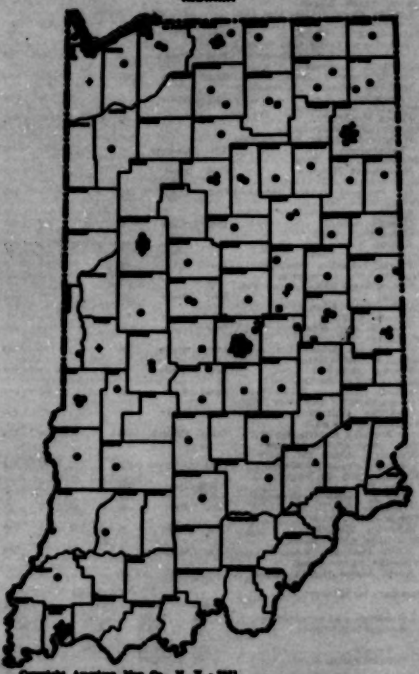
Hospitals and Sanatoriums	Kind	Ownership	Beds	Bassinets	Births	Patients Admitted	Patients Treated
Anderson, 22,324—Madison							
St. John's Mercy Memorial Hospital*	Gen	Comsh	50	12	150	62	1,500
Angola, 2,541—Steuben							
Cowen Hospital	Gen	Indiv	20	4	12	5	200
Aurora, 1,311—Hamilton							
Eddy Hospital	Gen	Indiv	10	4	12	4	150
Auburn, 1,606—De Kalb							
Dr. Emil H. Bender Hosp.	Gen	Indiv	20	7	12	5	112
Batesville, 2,—Ripley							
Batesville Mercy Hospital	Gen	Comsh	20	10	No data supplied		
Bedford, 11,—Lawrence							
Dunn Memorial Hospital	Gen	NPAss	25	6	14	12	600
Beech Grove, 1,—Marion							
St. Francis' Hospital	Gen	Comsh	140	25	600	60	1,371

Key to symbols and abbreviations is on page 1091

INDIANA—Continued

Hospitals and Considerations	Type	Control	Beds	Bassinets	Births	Admissions	Patients
Hagerstown, 1,927—Henry							
Hagerstown Hospital[3]	Gen	NFAss	35	7	75	30	691
Hanford, 2,272—Wells							
Wells County Hospital	Gen	County	30	1	50	14	89
Hazel, 5,744—Clay							
Clay County Hospital	Gen	County	40	10	80	15	89
Hebron, 1,295—Porter							
Veterans Memorial Hospital	Gen	County	25	6	75	14	89
Huntington, 9,825—Huntington							
Huntington County Hospital	Gen	County	45	6	75	15	89
Logansport, 21,806—Cass							
Cass County Hospital	Gen	County	45	15	75	15	1,175
Odon, 1,200—Daviess							
Odon Public Library							
Lake County Tuberculosis Sanatorium	TB	County	225	..	..	250	271

INDIANA



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● General Hospital ▲ Nervous and Mental ■ Tuberculosis ◆ Other Special Hospital

Total hospitals in Indiana, 139; general, 94; general beds occupied, 49.1 per cent; population per general bed, 435.

Hospitals and Considerations	Type	Control	Beds	Bassinets	Births	Admissions	Patients
Decatur, 4,135—Adams							
Adams County Memorial Hosp.	Gen	County	35	6	60	120	720
East Chicago, 54,784—Lake							
St. Catherine's Hospital[3]	Gen	Church	104	32	540	70	1,515
Elkhart, 31,628—Elkhart							
Elkhart General Hospital	Gen	NFAss	75	10	550	57	1,500
Elwood, 10,435—Madison							
Riley Hospital	Gen	Church	30	5	170	7	600
Evansville, 102,565—Vanderburgh							
Madison Tuberculosis Hospital[3]	TB	County	1,125	..	..	150	1,125
Methodist Episcopal Hosp.[3]	Gen	Church	150	..	..	1,500	1,500
Presbyterian Deaconess Hosp.[3]	Gen	Church	100	..	1,000	..	1,000
St. Mary's Hospital[3]	Gen	Church	100	..	1,000	..	1,000
U. S. Marine Hospital	Gen	Govt.	100	..	..	800	1,000
Wabash Valley Hospital[3]	Gen	City	60	6	600	800	1,500

INDIANA—Continued

Hospitals and Considerations	Type	Control	Beds	Bassinets	Births	Admissions	Patients
Ft. Benjamin Harrison,—Marion							
Station Hospital	Gen	Army	107	4	40	60	1,000
Ft. Wayne, 114,946—Allen							
Irene Byron Veterinarian Hosp.	Vet						
Lutheran Hospital[3]	Gen						
Methodist Episcopal Hosp.[3]	Gen						
St. Joseph Hospital[3]	Gen						
Frankfort, 11,747—Clinton							
Clinton County Hospital	Gen	County	40	6	70	15	89
Garrett, 4,421—De Kalb							
Garrett Hospital	Gen	Church	25	7	50	15	89
Gary, 100,426—Lake							
Gary Hospital							
Mercy Hospital							
St. Mary Medical Hospital							
St. Anthony Hospital							
St. John Hospital (Col.)							
St. Mary's Hospital[3]	Gen						
Greencastle, 4,626—Putnam							
Putnam County Hospital	Gen	County	40	5	90	15	89
Greensburg, 4,592—Decatur							
Greensburg Memorial Hosp.	Gen	County	30	6	60	15	89
Hammond, 64,498—Lake							
St. Mary Sanitarium							
St. Margaret's Hospital							
Hartford City, 6,626—Blackford							
Blackford County Hospital	Gen	County	30	5	60	15	89
Huntington, 10,429—Huntington							
Huntington County Memorial	Gen	County	37	6	60	15	89
Indianapolis, 364,161—Marion							
Central State Hospital[3]			1,700	..	..	1,700	
Dr. W. H. Pinkerton's Sanat.							
Ivanhoe City Hospital							
James Whitcomb Riley Hospital for Children (ARL)[3]							
Methodist Episcopal Hosp.[3]							
Norwood Sanatorium							
Mark W. Long (ARL)[3]	Gen						
St. Vincent's Hospital[3]							
Veterans Admin. Facility							
Wm. H. Coleman Hospital for Women (ARL)[3]							
Jeffersonville, 11,503—Clark	Mat	State	60	8	600	6	1,700
Clark County Memorial Hosp.	Gen	County	35	6	No data supplied		
Kendallville, 4,426—Noble							
Lakeview Hospital	Gen	City	30	6	60	15	89
Kokomo, 30,067—Howard							
Good Samaritan Hospital[3]	Gen	Church	60	6	70	60	70
LaFayette, 22,486—Tippecanoe							
LaFayette Home Hospital							
St. Elizabeth Hospital[3]							
Wabash Valley Sanitarium							
Wilson Bros Sanatorium							
LaPorte, 18,753—LaPorte							
Fairview Hospital							
Holy Family Hospital							
Logansport, 21,430—Cass							
Williams Hospital	Gen	City	25	3	No data supplied		
Williams Memorial Hospital	Gen	County	25	4	50	15	89
Lisbon, 1,561—Grant							
Freeman Grove County Hosp.	Gen	County	30	4	50	15	89
Lawrenceburg, 10,286—Dearborn							
Dearborn County Hospital	Gen	County	30	6	70	15	89
Logansport, 21,430—Cass							
Logansport State Hospital[3]			1,500	..	..	1,500	
St. Joseph's Hospital	Gen	Church	50	10	500	15	89
Madison, 6,893—Jefferson							
The Dudenhefer Hospital	Gen	NFAss	37	6	70	15	89
Marion, 24,425—Grant							
Grant County Hospital	Gen	NFAss	50	6	70	15	89
Veterans Admin. Facility	Mil		24	..	..	1,500	24
Marksville, 4,000—Starke							
Starke County Memorial Hospital	Gen	County	30	6	60	6	70
Michigan City, 19,755—LaPorte							
Clark Hospital							
St. Anthony's Hospital							
Mishawaka, 15,195—St. Joseph							
St. Joseph Hospital[3]	Gen	Church	100	20	800	20	1,500
Muncie, 41,202—Delaware							
Ball Memorial Hospital[3]	Gen	NFAss	145	15	600	20	1,500
New Albany, 25,878—Floyd							
St. Edward's	Gen	Church	100	14	500	20	1,500
Newcastle, 14,487—Henry							
Henry County Hospital	Gen	County	35	6	60	15	89
Newcastle Odon Hospital	Gen	City	25	6	60	15	89
Noblesville, 4,621—Hamilton							
Hamilton County Hospital	Gen	County	30	6	60	15	89
North Madison, 870—Jefferson							
Madison State Hospital	Ment	State	1,500	..	..	1,500	89
Oaklandon, 200—Marion							
Hospitals Association	TB	County	225	..	..	225	89
Peru, 11,192—Miami							
Dukes Miami County Memorial Hospital	Gen	County	32	32	60	15	89
Wabash Railroad Employees Hospital		Indiana	NFAss	20	..	..	25	89
Plymouth, 6,811—Marshall							
Marshall County Hospital	Gen	County	35	6	60	10	89
Portland, 4,529—Jay							
Jay County Hospital	Gen	NFAss	32	4	50	6	89
Princeton, 7,484—Gibson							
Methodist Episcopal Hospital	Gen	Church	30	5	60	15	89
Rensselaer, 4,606—Jasper							
Jasper County Hospital	Gen	County	34	6	120	15	89

Key to symbols and abbreviations is on page 1024

INDIANA—Continued

Hospitals and Sanatoriums								
Richmond, 31,628—Wayne								
Reid Memorial Hospital*	Gen	RFAmn	125	20	241	7,125	5,225
Richmond State Hospital	Insp	State	1,500	..	..	1,500	..
Wayne State Hospital	TB	County	60	..	..	600	..
Rochester, 4,844—Fulton							
Woodlawn Hospital	Gen	Indiv	15	2	20	0	60
Rockville, 1,897—Parke							
Parke County Tuberculosis*	TB	State	211	..	..	300	300
Rushville, City, 5,911—Rush							
Rushville City Hospital	Gen	City	8	2	20	0	60
Seymour, 7,697—Jackson							
Schneck Memorial Hospital	Gen	Corp	25	4	25	10	60
Shelbyville, 9,825—Shelby							
Major Memorial Hospital	Gen	City	25	4	25	11	60
South Bend, 101,268—St. Joseph							
Epworth Hospital*	Gen	RFAmn	87	225	..	2,625	..
Memorial Hospital*	Gen	County	125	..	..	2,500	2,500
Northern Indiana Hospital	Psych	County	50	..	..	500	..
St. Joseph Hospital*	Gen	Catho	125	25	250	2,500	2,500
Spencer, 3,591—Owen							
Owen County Memorial Hosp.	Gen	County	20	7	47	20	140
Tell City, 4,696—Perry							
Perry County Hospital	Gen	Indiv	20	2	11	0	120
Terre Haute, 62,810—Vigo							
Deaconess Hospital (col.)	Gen	Indiv	40	2	20	0	120
St. Anthony's Hospital*	Gen	RFAmn	125	25	225	2,500	2,500
Union Hospital*	Gen	RFAmn	125	25	225	2,500	2,500
Union City, 3,201—Randolph							
Union City Hospital	Gen	Indiv	15	4	25	0	80
Vincennes, 16,303—Knox							
Christian Hospital	Gen	Church	20	2	6	0	80
Vincennes, 17,331—Knox							
Good Samaritan Hospital*	Gen	County	25	7	25	25	1,000
Wabash, 8,049—Wabash							
Wabash County Hospital	Gen	County	20	4	40	15	60
Warsaw, 5,129—Kosciusko							
McDonald Hospital	Gen	Indiv	20	4	20	..	80
Washington, 6,004—Daviess							
Daviess County Hospital	Gen	County	20	6	70	10	70
Winchester, 3,267—Randolph							
Randolph County Hospital	Gen	County	20	4	25	10	80
Wolcott, 1,000—White							
Lakey Hospital	Gen	Part	10	4	20	10	80

Related Institutions

Andrews, 2,420—Huntington							
Mrs. E. Kerr Home	TB	County	25	..	..	..	..
Butlerville, 250—Jennings							
Homestead Colony	MDr	State	600	..	..	600	300
Dunkirk, 2,000—Jay							
Dunkirk Sanatorium	Gen	Corp	100	..	..	50	..
Evansville, 85,264—Vanderburgh							
Methodist Protest. Hospital	Gen	Indiv	10	1	5	1	0
Ft. Wayne, 114,946—Allen							
Ft. Wayne City and County Infirmary	Inf	City	10	..	..	..	..
Ft. Wayne State School	MDr	State	1,500	..	..	1,500	..
Ft. Wayne Tuberculosis Hospital	Conv	Indiv	50	..	..	0	0
French Lick, 1,400—Orange							
Pluto Mineral Springs Sanatorium	Inst	Priv	75	..	..	No data supplied	
Gary, 55,378—Lake							
Indiana State Farm Hospital	Inst	State	20	..	..	7	1,000
Greencastle, 2,500—Putnam							
Old Soldiers' Home Hospital	Inst	Priv	60	..	..	70	0
Indianapolis, 314,194—Marion							
Federal Correction Hosp.	Fed	RFAmn	125	20	67	25	0
Indianapolis Orphan Asylum	Inst	RFAmn	25	..	..	25	0
Indianapolis Orphan Asylum	Inst	RFAmn	25	..	..	25	0
Indiana State School for the Deaf	Inst	State	25	..	..	25	0
Julietta Memorial	Inst	County	50	..	..	25	0
Knightstown, 1,500—Henry							
Indiana School for Soldiers' Children's Home	Inst	State	25	7	..	25	..
LaFayette, 20,060—Tippecanoe							
Indiana State Soldiers' Home Hospital	Inst	State	50	..	..	0	25
Logansport, 17,481—Cass							
Logansport State Hospital	Gen	Part	10	2	2	1	0
Madison City, 10,356—Jefferson							
Indiana Girls' School Cottages	Inst	State	25	..	..	25	0
Mitchell, 3,000—Lawrence							
Indiana State Prison Hospital	Inf	State	25	..	..	0	1,000
Mt. T. H. Crosby's Hospital	Psych	Indiv	20	4	..	0	20
Noblesville, 3,462—Hamilton							
Indiana Village for Epileptics	Epil	State	25	..	..	25	25
Peabody, 1,000—Wabash							
Indiana State Reformatory Hospital	Inst	State	20	..	..	0	1,000
Plymouth, 4,907—Marshall							
Parkview Memorial Hospital	Inst	State	17	..	..	0	60
Whitcomb, 300—Bartholomew							
St. Christ Tuberculosis Sanatorium	RFC	Indiv	7	..	..	0	20
Wood Lake, 1,000—Kosciusko							
Wood Lake Convalescent and Rest Home	Conv	Indiv	10	..	..	No data supplied	

Summary for Indiana:

	Number	Beds	Average Patients	Patients
Hospitals and sanatoriums	112	10,625	10,277	70,000
Related institutions	18	3,625	2,823	7,000
Totals	130	14,250	13,100	77,000
Related Institutions	18			

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Hospitals and Sanatoriums								
Akron, 1,591—Plymouth								
Akron Hospital	Gen	Indiv	14	2	14	0	107
Alta, 1,481—Buena								
Elliott's Hospital	Gen	Indiv	25	4	No data supplied		
Ames, 5,964—Story								
Ennich Hospital	Gen	Indiv	25	2	20	11	80
Anton, 761—Wayne								
Porter Hospital	Gen	Indiv	8	2	6	0	0
Alta, 1,521—Buena Vista								
Alta Community Hospital	Gen	RFAmn	14	2	25	0	170
Atkinson, 1,275—Jones								
Henry Hospital	Gen	Church	25	12	60	11	60
Atlantic, 4,997—Cass								
Atlantic Hospital	Gen	Corp	25	6	25	10	60
Battle Creek, 696—Ida								
Dr. Wells' Creek Hospital and Sanitarium	Gen	Indiv	10	2	20	11	80
Bedford, 1,600—Taylor								
Taylor County Hospital	Gen	County	25	10	100	11	60
Burlington, 26,756—Des Moines								
Burlington Protestant Hosp.*	Gen	RFAmn	125	25	225	2,500	2,500
Mercy Hospital*	Gen	Catho	125	25	225	2,500	2,500
St. Francis Hospital	Gen	Catho	25	2	20	11	60
Carroll, 4,621—Carroll								
St. Anthony Hospital*	Gen	Catho	125	25	225	2,500	2,500
Cedar Falls, 7,262—Black Hawk								
Sartori Memorial Hospital	Gen	City	25	6	60	11	60
Cedar Rapids, 45,566—Linn								
Mercy Hospital*	Gen	Catho	125	25	225	2,500	2,500
St. Luke's Methodist Hosp.*	Gen	Catho	125	25	225	2,500	2,500
Centerville, 5,167—Appanoose								
St. Joseph's Mercy Hospital	Gen	Church	25	6	25	11	60
Chariton, 4,222—Lucas								
Tyson Hospital	Gen	Indiv	15	4	20	10	..
Charles City, 6,985—Floyd								
Cedar Valley Hospital	Gen	City	25	2	60	11	60
Cherokee, 6,442—Cherokee								
Cherokee State Hospital	Ment	State	1,500	..	..	1,500	60
Mercy Valley Hospital	Gen	RFAmn	25	7	125	25	250
Clarinda, 4,882—Page								
Clarinda State Hospital	Ment	State	1,400	..	..	1,400	60
Clinton, 31,798—Clinton								
Jane Lamb Memorial Hosp.*	Gen	Corp	125	25	225	2,500	2,500
St. Joseph Mercy Hospital*	Gen	Catho	125	25	225	2,500	2,500
Colfax, 1,849—Jasper								
Colfax Sanatorium	Gen	Corp	20	..	No data supplied		
Council Bluffs, 42,048—Pottawattamie								
Jennie Edmundson Memorial Hospital*	Gen	RFAmn	125	25	225	2,500	2,500
Mercy Hospital*	Gen	Catho	125	25	225	2,500	2,500
St. Bernard's Hospital	Gen	Catho	125	..	..	250	250
Creston, 7,100—Union								
St. Joseph Mercy Hospital	Gen	Church	25	2	20	7	60
Cresco, 3,815—Howard								
Greater Community Hospital	Gen	RFAmn	25	2	25	11	60
Davenport, 60,751—Scott								
Mercy Hospital*	Gen	Catho	125	25	225	2,500	2,500
Ten Eyck Hospital	Gen	Catho	25	2	20	11	60
St. Luke's Hospital*	Gen	Catho	125	25	225	2,500	2,500
Decorah, 4,482—Winneshiek								
Decorah Hospital	Gen	RFAmn	25	4	25	11	60
Denison, 5,662—Crawford								
Denison Hospital	Gen	Indiv	25	2	20	4	60
Des Moines, 142,559—Polk								
Broadlawns Polk County Hospital								
Dr. Bernard Cunningham Department	Gen	County	25	2	..	11	60
Broadlawns Polk County Hospital*	Gen	County	25	12	25	25	1,000
Broadlawns Polk County Hospital								
Dr. Ernest A. Rosenwald Department	Psych	County	25	..	..	25	0
Iowa Lutheran Hospital*	Gen	RFAmn	125	25	225	2,500	2,500
Iowa Methodist Hospital*	Gen	RFAmn	125	25	225	2,500	2,500
Iowa Methodist Hospital*	Gen	RFAmn	125	25	225	2,500	2,500
The Retreat	Gen	Corp	25	2	20	11	60
Veterans Admin. Facility	Gen	Fed	50	..	..	Unavailable	
Dubuque, 41,070—Dubuque								
Finley Hospital	Gen	RFAmn	25	2	20	11	60
St. Joseph's Mercy Hospital*	Gen	RFAmn	125	25	225	2,500	2,500
St. Joseph Sanitarium	Gen	Catho	25	2	20	11	60
Tenny Clen Sanitarium	Gen	County	25	..	..	250	250
Eldora, 4,826—Hardin								
Eldora Ennich Memorial Hosp.	Gen	RFAmn	25	2	20	4	60
Emmetsburg, 4,541—Palo Alto								
Palo Alto Hospital	Gen	RFAmn	14	2	20	4	60
Estherville, 4,842—Emmet								
Mercy Hospital	Gen	Indiv	25	2	20	11	60
Osborne Hospital	Gen	RFAmn	25	2	20	11	60
Fairfield, 6,402—Jefferson								
Fairfield Hospital	Gen	County	25	6	60	11	60
Forest City, 1,681—Winnebago								
Fish Hospital	Gen	Indiv	15	2	20	4	60
Ft. Des Moines, 700—Polk								
Station Hospital	Gen	Army	25	..	..	25	1,000
Ft. Dodge, 22,467—Webster								
Lutheran Hospital	Gen	Church	25	12	60	11	60
St. Joseph Mercy Hospital*	Gen	Catho	125	25	225	2,500	2,500
Ft. Madison, 12,732—Lee								
A. T. & S. F. Railway Hosp.	Indus	RFAmn	25	2	25	11	60
Santa Fe Hospital	Gen	Catho	25	2	25	11	60
Garnett, 1,500—Pottawattamie								
Garnett Community Hospital	Gen	RFAmn	25	2	20	11	60
St. Francis Hospital	Gen	Catho	25	2	20	11	60

Key to symbols and abbreviations is on page 1091

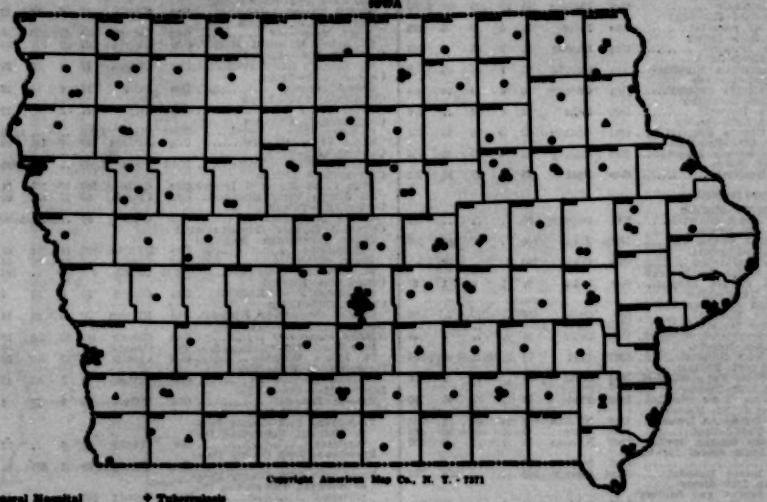
IOWA—Continued

Hospitals and Superintendents	Type	Control	Beds	Bassinets	Patients	Personnel	Interns	Nurses
Hamburg, 1,320—Fremont								
Hamburg Hospital	Gen	Indiv	10	3	No data supplied			
Hampton, 3,472—Franklin								
Lutheran Hospital	Gen	Church	40	5	40	10	945	
Hartley, 1,272—O'Brien								
Hand Hospital	Gen	Indiv	15	2	10	2	147	
Hull, 926—Sioux								
Hull Hospital	Gen	Corp	15	3	7	6	600	
Ida Grove, 1,552—Ida								
Ida Grove General Hospital	Gen	Part	12	1	15	6	125	
Independence, 5,021—Buchanan								
Iowa Soldiers' Home State Hospital	Ment	State	1,725	..	..	1,025	225	
Sumner Hospital	Gen	NPAss	20	6	25	6	225	
Iowa City, 15,340—Johnson								
Children's Hospital			(Included in University Hospitals)					
Iowa State Psychopathic Hospital[2]	Ment	State	45	..	..	24	225	
Mercy Hospital[3]	Gen	Church	125	25	225	25	1,275	
University Hospitals[2,3]	Gen	State	250	25	250	250	14,000	
Iowa Falls, 4,125—Hardin								
Ellis Hospital	Gen	City	10	2	20	10	200	
Keokuk, 16,124—Lee								
Graham Protestant Hospital[3]	Gen	Corp	45	12	65	25	1,275	
St. Joseph's Hospital[3]	Gen	Church	150	25	250	25	1,275	

IOWA—Continued

Hospitals and Superintendents	Type	Control	Beds	Bassinets	Patients	Personnel	Interns	Nurses
Mt. Pleasant, 5,749—Henry								
Henry County Memory and Relief Memorial Hospital	Gen	County	20	5	60	5	225	
Mt. Pleasant State Hospital	Ment	State	1,600	..	..	1,201	60	
Muscatine, 16,178—Muscatine								
Bellevue Hospital	Gen	Indiv	25	4	61	10	225	
Benjamin Hershey Memorial Hospital	Gen	NPAss	20	6	24	10	225	
Nevada, 3,128—Story								
Iowa Methodist Hospital	Gen	Church	20	5	25	15	200	
New Hampton, 3,481—Chickasaw								
St. Joseph's Hospital	Gen	Church	21	9	45	16	675	
Newton, 11,626—Jasper								
Mary Frances Hall Memorial Hospital	Gen	City	47	10	120	24	720	
Oakdale, 32—Johnson								
State Sanatorium for Tuberculosis	TB	State	200	..	..	240	225	
Oelwein, 7,791—Fayette								
Mercy Hospital	Gen	Church	25	6	75	17	450	
Ogden, 1,952—Boone								
Ogden Hospital	Gen	Indiv	12	4	20	7	400	
Osceola, 3,671—Clarke								
Harlan Hospital	Gen	Indiv	20	4	25	10	200	

IOWA



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1 General Hospital
2 Nervous and Mental
3 Tuberculosis
4 Other Special Hospital

Total hospitals in Iowa, 159; general, 122; general beds occupied, 53.5 per cent; population per general bed, 360.

Hospitals and Superintendents	Type	Control	Beds	Bassinets	Patients	Personnel	Interns	Nurses
Osceola, 4,667—Marion								
Veterans Admin. Facility	Ment	Fed	221	..	..	247	125	
Lake City, 2,615—Calhoun								
McVeety Hospital	Gen	Indiv	25	6	62	10	187	
McVey Memorial Hospital	Gen	Part	12	3	20	4	100	
Le Mars, 4,126—Plymouth								
Sacred Heart Hospital[3]	Gen	Church	20	10	75	21	800	
Leon, 2,026—Decatur								
Decatur County Hospital	Gen	County	20	5	15	8	250	
Manning, 1,617—Carroll								
Wyatt Memorial Hospital	Gen	Indiv	12	4	No data supplied			
Maquoketa, 3,556—Jackson								
City Memorial Hospital	Gen	Indiv	20	4	20	11	270	
Marshalltown, 17,373—Marshall								
Evangelical Deaconess Home and Hospital[3]	Gen	Church	125	25	125	70	1,250	
St. Thomas Mercy Hospital[3]	Gen	Church	60	25	60	25	937	
Mason City, 29,324—Cerro Gordo								
Park Hospital	Gen	Corp	45	12	60	25	750	
St. Joseph's Mercy Hospital[3]	Gen	Church	75	25	125	50	1,875	
Mercy Hospital	Gen	Part	20	5	25	4	170	
Melbourne, 1,422—Clayton								
Melbourne Hospital	Gen	Indiv	10	2	12	5	117	
Monticello, 2,425—Jones								
John Hancock Hospital	Gen	NPAss	20	5	20	15	225	
Onawa Hospital	Gen	Part	20	4	24	10	225	
Onawa Sanitarium	Gen	Indiv	15	3	15	4	75	
Onkaloosa, 10,126—Mahaska								
Mercy Hospital	Gen	Part	25	5	25	12	225	
Ottumwa, 31,675—Wapello								
Ottumwa Hospital	Gen	Corp	65	12	177	24	1,500	
St. Joseph Hospital[3]	Gen	Church	60	12	165	60	1,650	
Sunnyrange Sanatorium	TB	County	25	..	..	24	90	
Perry, 4,881—Dallas								
Kings Daughters Hospital	Gen	NPAss	25	5	45	12	425	
Red Oak, 5,728—Montgomery								
Murphy Memorial Hospital	Gen	Indiv	12	4	No data supplied			
Shenandoah, 5,252—Page								
Henry and Columbine Rand Hospital	Gen	NPAss	25	6	25	11	225	
Shiley, 1,272—Osceola								
Osceola Hospital	Gen	Part	25	4	25	7	225	
Shiley Hospital	Gen	Indiv	12	4	8	6	150	
Sigourney, 2,525—Keokuk								
Sigourney Hospital	Gen	Indiv	11	2	6	1	90	
Sioux City, 79,183—Woodbury								
Lutheran Hospital[3]	Gen	Church	75	15	250	27	1,500	
Methodist Hospital[3]	Gen	Church	125	25	250	24	1,575	
St. Joseph's Mercy Hospital[3]	Gen	Church	225	25	225	225	2,475	
St. Vincent's Hospital[3]	Gen	Church	125	14	175	25	2,100	

Key to symbols and abbreviations is on page 1091

IOWA—Continued

Hospitals and Sanatoriums	Type	Class	Bassinets	Beds	Average Patients	Patients Admitted	Patients Registered
Spencer, 5,462—Clay							
Spencer Hospital	Gen	NFAssn	25	5	17	9	316
Toledo, 1,922—Tama							
Rest and Fox Tuberculosis Sanatorium	TB	I A		60	..	..	60 32
Victor, 1,272—Iowa							
Victor Community Hospital	Gen	City		20	5	20	5 270
Washington, 4,824—Washington							
Washington County Hospital	Gen	County		37	7	60	13 454
Waterloo, 36,230—Black Hawk							
Allen Memorial Hospital	Gen	Church		25	6	177	20 888
Presbyterian Hospital	Gen	NFAssn		25	6	177	20 1,021
St. Francis Hospital	Gen	Church		75	15	300	35 1,562
Waverly, 4,688—Bremer							
St. Joseph Mercy Hospital	Gen	Church		20	6	62	15 695
West Liberty, 1,631—Fayette							
West Liberty Community Hosp.	Gen	City		10	2	10	2 107
Williamsburg, 1,520—Iowa							
Watts Hospital	Gen	Indiv		25	5	20	3 127
Related Institutions							
Ames, 10,261—Story							
Iowa State College Hospital	Inst	State		90	..	..	9 711
Anamosa, 3,574—Jones							
Reformatory Hospital	Inst	State		25	..	..	14 688
Belmond, 2,702—Wright							
Belmond Hospital	Gen	Indiv		5	..	..	2 134
Bettendorf, 2,702—Scott							
Mercy Sanatorium	Conv	Prot		20	..	..	65 17
Buffalo, 10,702—Scott							
Des Moines County Asylum	Ment	County		65	..	..	.. ..
Clarion, 2,276—Wright							
Tompkins and Walker Hosp.	Gen	Part		10	2	..	.. ..
Council Bluffs, 42,048—Pottawattamie							
Christian Home Orphanage	Inst	NFAssn		25	2	..	12 672
Iowa School for the Deaf Infirmary	Inst	State		25	..	..	16 686
Davenport, 60,751—Scott							
Iowa Soldiers' Orphans' Home Hospital	Inst	State		42	24	..	20 1,520
Des Moines, 142,559—Polk							
Bendict Home	Mat	NFAssn		20	15	15	22 20
Junior League Convalescent Home for Children	Conv	NFAssn		15	..	..	12 25
Salvation Army Home Home and Maternity Hospital	Mat	Church		25	20	60	4 105
Eldora, 4,620—Hardin							
Iowa Training School for Boys Hospital	Inst	State		25	..	..	12 1,422
Elkader, 1,586—Clayton							
Clayton County Asylum	Ment	County		44	..	..	44 None
Ft. Madison, 12,778—Lee							
Iowa State Penitentiary Hosp.	Inst	State		25	..	..	17 220
Glenwood, 4,500—Mills							
Iowa Institution for Feebleminded Children	MeDe	State		1,600	..	..	1,720 19
Harlan, 5,145—Shelby							
Harlan Hospital	Gen	Indiv		11	3	10	2 257
Hawarden, 2,462—Sioux							
Hawarden Hospital	Gen	Part		6	4	6	1 80
Hubbell, 1,280—Ida							
Hubbell Hospital	Gen	Indiv		5	2	3	1 12
Indianola, 3,295—Warren							
Community Hospital	Gen	Indiv		6	2	5	2 81
Manchester, 5,612—Delaware							
Esther Hospital	Gen	Indiv		7	2	14	1 81
Marshalltown, 17,373—Marshall							
Iowa Soldiers' Home Hospital	Inst	State		250	..	..	227 250
Odebolt, 1,280—Sac							
Odebolt Hospital	Gen	Indiv		10	3	7	2 69
Orange City, 1,727—Sioux							
De Ruy Hospital	Gen	Part		10	2	6	2 121
Doornink Hospital	Gen	Indiv		10	2	6	2 140
Osage, 3,464—Mitchell							
Nixon Hospital	Gen	City		8	3	25	3 144
Postville, 1,622—Allamakee							
Postville Community Hospital	Gen	Corp		12	2	..	.. ..
Preston, 630—O'Brien							
Ward Memorial Hospital	Gen	Indiv		2	1	No data supplied	
Red Oak, 5,770—Montgomery							
Powell School for Backward and Nervous Children	MeDe	Part		60	..	..	25 3
Sioux City, 79,183—Woodbury							
Florence Crittenton Home	Mat	NFAssn		72	7	25	25 65
Toledo, 1,922—Tama							
Iowa State Juvenile Home Hospital	Inst	State		25	..	..	2 705
Waukon, 3,182—Allamakee							
Hall Hospital	Mat	Indiv		10	2	22	2 20
Hospital and Jubilee Emergency Hospital	Gen	Part		5	..	..	2 75
Winterset, 3,021—Madison							
Winterset Hospital	Gen	Indiv		14	5	25	2 252
Woodward, 650—Dallas							
Hospital for Epileptics and School for Feebleminded	MeDe	State		1,227	..	..	1,102 101

Summary for Iowa:

	Number	Beds	Average Patients	Patients Admitted
Hospitals and sanatoriums	124	13,469	10,159	117,389
Related institutions	25	4,140	3,239	3,516
Totals	149	17,611	13,398	120,905
Refused registration	10	620		

KANSAS

Hospitals and Sanatoriums	Type	Class	Bassinets	Beds	Average Patients	Patients Admitted	Patients Registered
Abilene, 5,022—Dickinson							
Dickinson County Memorial Hospital	Gen	NFAssn		21	4	40	9 497
Anthony, 2,047—Harper							
Galloway Hospital	Gen	Indiv		20	7	20	20 667
Arkansas City, 12,802—Cowley							
Mercy Hospital	Gen	NFAssn		45	7	67	8 534
Nicholson Hospital	Gen	Indiv		20	5	15	5 257
Atchison, 15,024—Atchison							
Atchison Hospital	Gen	NFAssn		82	7	217	17 760
Atwood, 1,105—Rawlins							
Rawlinswood Hospital	Gen	Indiv		12	2	..	.. ..
Beloit, 3,126—Mitchell							
S. G. Patterson Memorial Hospital	Gen	Church		20	4	21	3 291
Beloit, 3,126—Mitchell							
Community Hospital	Gen	NFAssn		20	10	107	22 689
Chanute, 10,277—Neosho							
Johnson Hospital[9]	Gen	Corp		20	6	25	10 742
Coffeyville, 16,151—Montgomery							
Southeast Kansas Hospital[9]	Gen	NFAssn		10	2	20	5 289
Columbus, 3,592—Cherokee							
Meade Morton Memorial City Hospital	Gen	City		15	2	5	4 289
Concordia, 5,702—Cloud							
St. Joseph's Hospital[9]	Gen	Church		75	10	31	10 1,169
Dodge City, 10,826—Ford							
St. Anthony Hospital[9]	Gen	Church		60	12	172	22 1,747
Eldorado, 10,311—Butler							
Susan B. Allen Memorial Hospital[9]	Gen	NFAssn		20	7	100	20 1,435
Elkhart, 1,461—Morton							
Tucker Hospital	Gen	Indiv		20	3	16	4 280
Ellsworth, 2,072—Ellsworth							
Ellsworth Hospital[9]	Gen	Corp		25	5	40	20 300
Emporia, 14,587—Lyon							
Stevens Memorial County Hospital[9]	Gen	County		62	14	105	28 1,274
St. Mary's Hospital	Gen	Church		75	6	No data supplied	
Ft. Leavenworth, 9,325—Leavenworth							
Station Hospital	Gen	Army		142	6	21	72 1,715
Ft. Riley, 2,249—Geary							
Station Hospital	Gen	Army		102	6	21	105 2,604
Ft. Scott, 10,762—Bourbon							
Mercy Hospital[9]	Gen	Church		100	10	125	75 2,651
Garden City, 6,121—Finney							
Bailey Hospital	Gen	Indiv		10	3	5	3 89
St. Catherine's Hospital[9]	Gen	Church		41	9	50	25 772
Girard, 2,442—Crawford							
Girard General Hospital	Gen	City		10	2	10	5 188
Goessel, 116—Marion							
Mennonite Bethesda Hospital	Gen	Church		20	5	60	5 242
Goodland, 3,422—Sherman							
Goodland Hospital	Gen	Church		22	3	47	7 300
Great Bend, 5,146—Barton							
St. Rose Hospital[9]	Gen	Church		70	12	224	41 1,302
Halstead, 1,273—Harvey							
Halstead Hospital[9]	Gen	Church		170	8	25	80 2,602
Hays, 4,016—Ellis							
Hays Protestant Hospital	Gen	Church		40	5	28	10 274
St. Anthony's Hospital	Gen	Church		100	22	256	70 1,566
Hoisington, 3,691—Barton							
Atkin Hospital	Gen	Indiv		15	2	15	7 579
Horton, 4,649—Brown							
Horton Hospital	Gen	Corp		15	5	105	10 864
Hutchinson, 27,282—Reno							
Grace Hospital	Gen	Church		120	17	200	61 2,531
St. Elizabeth Mercy Hospital[9]	Gen	Church		90	12	161	25 967
Independence, 12,795—Montgomery							
Mercy Hospital[9]	Gen	Church		65	15	65	22 950
Junction City, 7,480—Geary							
Junction City Municipal Hosp.	Gen	City		34	12	60	12 849
Kansas City, 121,857—Wyandotte							
Bell Memorial Hospital[9,6]	Gen	State		227	32	200	101 4,725
Bethany Medical Hospital[9,6]	Gen	Church		120	25	275	64 2,220
Douglas Hospital (eal.)[9]	Gen	Church		25	5	30	19 445
Grandview Sanitarium	M&M	Indiv		27	..	..	14 165
Providence Hospital[9]	Gen	Church		65	15	165	35 1,641
St. Margaret's Hospital[9]	Gen	Church		250	15	150	151 5,000
Larned, 5,258—Pawnee							
Larned City Hospital	Gen	NFAssn		15	3	60	4 220
Larned State Hospital	Ment	State		1,040	..	..	974 227
Lawrence, 14,726—Douglas							
Lawrence Hospital	Gen	Indiv		25	3	..	1 202
Lawrence Memorial Hospital	Gen	City		80	10	150	21 1,122
Leavenworth, 17,466—Leavenworth							
Cumbler Memorial Hospital[9]	Gen	NFAssn		15	10	101	19 888
St. John's Hospital[9]	Gen	Church		65	10	61	25 705
Liberal, 1,861—Seward							
Epworth Hospital	Gen	Church		41	9	62	10 304
Lyons, 3,262—Rice							
Lyons Hospital	Gen	NFAssn		17	3	61	9 301
Manhattan, 10,120—Riley							
Charlotte Swift Memorial Hospital[9]	Gen	NFAssn		25	10	60	13 447
Marysville, 4,851—Marshall							
Randell Hospital	Gen	Indiv		25	3	14	6 121
McPherson, 6,147—McPherson							
McPherson County Hospital[9]	Gen	County		30	12	120	20 1,200
Melvern, 1,042—Osage							
A. T. & S. F. Railway Hosp.	Indus	NFAssn		60	..	..	12 642
Newton, 11,924—Harvey							
Axtell Christian Hospital[9]	Gen	Church		30	12	60	25 1,651
Bethel Deaconess Hospital[9]	Gen	Church		60	12	140	27 694

Key to symbols and abbreviations is on page 1094

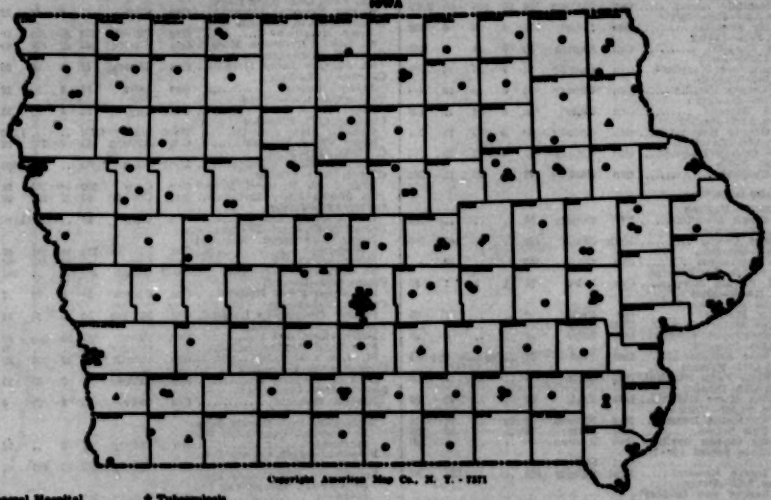
IOWA—Continued

Hospitals and Considerations	Type	Control	Beds	Bassinets	Cribs	Births	Patients
Hamburg, 2,102—Fremont							
Hamburg Hospital	Gen	Indiv	16			No data supplied	
Hampton, 3,073—Franklin							
Lutheran Hospital	Gen	Church	42	5	60	15	949
Harlan, 3,272—O'Brien							
Harlan Hospital	Gen	Indiv	15	2	15	2	147
Hull, 980—Sioux							
Hull Hospital	Gen	Corp	15	5	7	5	60
Ida Grove, 2,202—Ida							
Ida Grove General Hospital	Gen	Part	12	1	15	4	125
Independence, 4,681—Buchanan							
Independence State Hospital	Ment	State	1,775	..	..	1,600	702
Swedish Hospital	Gen	NPAssn	25	6	25	6	251
Iowa City, 14,456—Johnson							
Children's Hospital		(Included in University Hospitals)					
Iowa State Psychopathic Hospital[3]	Ment	State	65	..	..	61	322
Mercy Hospital[4]	Gen	Church	125	21	111	23	1,179
University Hospitals[3,4]	Gen	State	550	51	650	650	14,000
Iowa Falls, 4,129—Hardin							
Ellsworth Hospital	Gen	City	15	6	25	10	325
Keokuk, 14,226—Lee							
Graham Protestant Hospital[3]	Gen	Corp	45	10	35	42	979
St. Joseph's Hospital[3]	Gen	Church	150	15	150	61	1,200

IOWA—Continued

Hospitals and Considerations	Type	Control	Beds	Bassinets	Cribs	Births	Patients
Mt. Pleasant, 5,749—Henry							
Henry County Soldiers' and Sailors' Memorial Hospital	Gen	County	20	5	64	9	227
Mt. Pleasant State Hospital	Ment	State	1,600	..	..	1,301	685
Muscatine, 16,776—Muscatine							
Bellevue Hospital	Gen	Indiv	25	4	41	10	305
Benjamin Hershey Memorial Hospital	Gen	NPAssn	30	6	54	10	384
Nevada, 3,139—Story							
Iowa Lutheran Hospital	Gen	Church	20	5	35	15	300
New Hampton, 3,446—Chickasaw							
St. Joseph's Hospital	Gen	Church	21	9	45	14	275
Newton, 11,282—Jasper							
Mary Frances Hall Memorial Hospital	Gen	City	47	10	120	24	702
Oakdale, 82—Johnson							
State Sanatorium for Tuberculosis	TB	State	225	..	..	240	210
Oelwein, 7,791—Fayette							
Mercy Hospital	Gen	Church	25	6	75	17	450
Onawa, 4,629—Monona							
Onawa Hospital	Gen	Indiv	12	4	20	7	450
Osceola, 2,677—Clarke							
Harlan Hospital	Gen	Indiv	20	4	20	10	200

IOWA



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* General Hospital
† Nervous and Mental
‡ Tuberculosis
§ Other Special Hospital

Total hospitals in Iowa, 159; general, 122; general beds occupied, 53.5 per cent; population per general bed, 360.

Knoxville, 4,697—Marion							
Veterans Admin. Facility	Ment	Vet	831	..	..	647	155
Lake City, 2,013—Calhoun							
McCrary Hospital	Gen	Indiv	15	6	31	10	267
McVay Memorial Hospital	Gen	Part	12	1	20	4	140
Le Mars, 4,780—Plymouth							
Sacred Heart Hospital[3]	Gen	Church	30	20	75	21	695
Leon, 2,402—Decatur							
Decatur County Hospital	Gen	County	20	1	15	9	220
Manning, 1,917—Carroll							
Wyatt Memorial Hospital	Gen	Indiv	12			No data supplied	
Marshalltown, 12,856—Jasper							
City Memorial Hospital	Gen	Indiv	30	4	20	11	270
Marshalltown, 12,573—Marshall							
Evangelical Deaconess Home and Hospital[3]	Gen	Church	125	30	125	72	1,500
St. Thomas Mercy Hospital[3]	Gen	Church	60	15	0	25	627
Mason City, 30,310—Cerro Gordo							
Park Hospital	Gen	Corp	45	12	35	20	702
St. Joseph's Mercy Hospital[3]	Gen	Church	75	21	125	68	1,577
Story Hospital	Gen	Part	10	1	25	4	170
Melbourne, 1,162—Clayton							
Melbourne Hospital	Gen	Indiv	10	2	12	5	117
Missouri Valley, 3,000—Harrison							
John McDonald Hospital	Gen	NPAssn	25	5	20	15	300

Osceola Hospital	Gen	Part	20	4	24	10	291
Oskaloosa, 10,125—Mahaska							
Mercy Hospital	Gen	Part	25	5	25	12	251
Ottumwa, 31,679—Wapello							
Ottumwa Hospital	Gen	Corp	65	12	177	24	1,500
St. Joseph Hospital[3]	Gen	Church	60	12	145	60	1,500
Sunnyslope Sanatorium	TB	County	25	..	..	60	60
Perry, 3,681—Dallas							
Elsie Doughtery Hospital	Gen	NPAssn	25	5	45	12	455
Red Oak, 5,778—Montgomery							
Murphy Memorial Hospital	Gen	Indiv	12			No data supplied	
Shenandoah, 5,429—Page							
Henry and Catherine Rand Hospital	Gen	NPAssn	25	6	20	11	322
Sibley, 1,577—Osceola							
Osceola Hospital	Gen	Part	12	4	25	7	225
Sibley Hospital	Gen	Indiv	15	4	8	6	250
Spencer, 5,595—Emmet							
Spencer Hospital	Gen	Indiv	21	2	4	1	92
Sioux City, 79,183—Woodbury							
Lutheran Hospital[3]	Gen	Church	75	15	150	37	1,650
Methodist Hospital[3]	Gen	Church	125	30	170	54	2,571
St. Joseph's Mercy Hospital[3,4]	Gen	Church	150	29	225	125	3,677
St. Vincent's Hospital[3]	Gen	Church	125	14	170	56	2,450

Key to symbols and abbreviations is on page 1094

IOWA—Continued

Hospitals and Institutions			Beds (Bassinets)	Average Patients	Patients Admitted	Average Daily Census
Spencer, 4,892—Clay						
Spencer Hospital	Gen	NFAss	55	5	97	5
Tipton, 2,681—Cedar						
Rue and Pine Tuberculosis Sanatorium	TB	IA	60	..	..	60
Vinton, 3,276—Benton						
Virginia Gay Hospital	Gen	City	30	5	30	5
Washington, 4,884—Washington						
Washington County Hospital	Gen	County	57	7	60	13
Waterloo, 43,460—Black Hawk						
Allen Memorial Hosp.	Gen	Church	75	6	177	20
Sisters' Hospital	Gen	Church	75	10	187	12
St. Francis Hospital	Gen	Church	75	10	187	12
Waverly, 4,225—Bremer						
St. Joseph Mercy Hospital	Gen	Church	30	6	60	10
West Union, 2,624—Fayette						
West Union Community Hosp.	Gen	City	30	3	30	3
Williamsburg, 1,327—Iowa						
Weber Hospital	Gen	Indiv	25	3	50	3
Related Institutions						
Ames, 10,021—Story						
Iowa State College Hospital	Inst	State	50	..	..	9
Anamosa, 3,092—Jones						
Reformatory Hospital	Inst	State	25	..	..	14
Belmond, 1,727—Wright						
Belmond Hospital	Gen	Indiv	8	..	..	3
Bettendorf, 2,320—Scott						
Mercy Hospital	Conv	Prot	30	..	..	45
Burlington, 26,756—Des Moines						
Des Moines County Asylum	Ment	County	60	..	..	..
Clarion, 2,295—Wright						
Truesdale and Wilson Hosp.	Gen	Part	20	3	..	..
Council Bluffs, 42,371—Pottawattamie						
Christian Home Orphanage	Inst	NFAss	25	2	..	25
Iowa School for the Deaf Infirmary	Inst	State	25	..	..	10
Davenport, 60,751—Scott						
Iowa Soldiers' Orphans' Home Hospital	Inst	State	42	24	..	24
Des Moines, 142,559—Polk						
Samuel Home	Inst	NFAss	20	15	15	22
Junior League Convalescent Home for Children	Conv	NFAss	15	..	..	15
Salvation Army Home Hosp. and Maternity Hospital	Mat	Church	25	20	60	4
Eldora, 3,459—Hardin						
Iowa Training School for Boys Hospital	Inst	State	25	..	..	25
Elkader, 1,626—Clayton						
Clayton County Asylum	Ment	County	44	..	..	44
Ft. Madison, 12,776—Lee						
Iowa State Penitentiary Hosp.	Inst	State	25	..	..	17
Glenwood, 4,526—Mills						
Iowa Institution for Feebleminded Children	MeDe	State	1,850	..	..	1,750
Harlan, 5,145—Shelby						
Harlan Hospital	Gen	Indiv	11	2	10	2
Hawarden, 2,459—Sioux						
Hawarden Hospital	Gen	Part	6	4	6	1
Hobarth, 1,562—Lyon						
Hobarth Hospital	Gen	Indiv	5	2	2	1
Indianola, 4,886—Warren						
Community Hospital	Gen	Indiv	6	3	5	2
Manchester, 5,412—Delaware						
Kesler Hospital	Gen	Indiv	7	2	14	1
Marshalltown, 17,373—Marshall						
Iowa Soldiers' Home Hospital	Inst	State	250	..	..	197
Odebolt, 1,486—Sac						
Odebolt Hospital	Gen	Indiv	10	3	7	3
Orange City, 1,727—Sioux						
De Ruy Hospital	Gen	Part	10	2	6	2
Doctors Hospital	Gen	Indiv	10	1	6	1
Osage, 3,564—Mitchell						
Nixon Hospital	Gen	City	8	3	25	3
Postville, 1,622—Allamakee						
Postville Community Hospital	Gen	Corp	12	2	..	..
Principal, 200—O'Brien						
Ward Memorial Hospital	Gen	Indiv	8	1	No data supplied	
Red Oak, 5,775—Montgomery						
Parent School for Feebleminded and Nervous Children	MeDe	Part	60	..	..	55
Mount City, 70,325—Woodbury						
Florence Crittenton Home	Mat	NFAss	70	7	35	25
Toledo, 1,622—Tama						
Iowa State Juvenile Home Hospital	Inst	State	24	..	..	2
Waukon, 3,182—Allamakee						
Hall Hospital	Mat	Indiv	10	2	32	2
Waverly, 3,225—Bremer						
Bremer County Infirm. Hosp.	Gen	Part	8	..	..	2
Whiterock, 2,021—Madison						
Whiterock Hospital	Gen	Indiv	14	5	35	5
Woodward, 922—Dallas						
Hospital for Epileptics and School for Feebleminded	MeDe	State	1,257	..	..	1,155

Summary for Iowa:

	Number	Beds	Average Patients	Patients Admitted
Hospitals and sanatoriums	124	13,455	10,159	117,288
Related institutions	25	4,140	4,025	6,140
Totals	149	17,595	14,184	123,428
Refused registration	12	220		

KANSAS

Hospitals and Institutions			Beds (Bassinets)	Average Patients	Patients Admitted	Average Daily Census
Abilene, 4,532—Dickinson						
Dickinson County Memorial Hospital	Gen	NFAss	21	4	48	9
Anthony, 2,047—Harper						
Galloway Hospital	Gen	Indiv	20	7	56	10
Arkansas City, 12,968—Cowley						
Mercy Hospital	Gen	NFAss	45	7	97	8
Strother Hospital	Gen	Indiv	20	5	15	5
Atchison, 15,087—Atchison						
Atchison Hospital	Gen	NFAss	60	7	217	17
Attica, 1,105—Harper						
Hamilton Hospital	Gen	Indiv	12	2	..	..
Baldwin, 2,152—Douglas						
B. G. Patterson Memorial Hospital	Gen	Church	20	4	31	5
Beloit, 3,186—Mitchell						
Community Hospital	Gen	NFAss	30	10	107	12
Chanute, 10,271—Neosho						
Johnson Hospital	Gen	Corp	30	6	55	10
Coffeyville, 14,198—Montgomery						
Coffeyville Memorial Hospital	Gen	NFAss	50	5	90	5
Columbus, 3,252—Cherokee						
Heath Burton Memorial City Hospital	Gen	City	15	3	3	4
Concordia, 5,102—Cloud						
St. Joseph's Hospital	Gen	Church	75	10	31	10
Dodge City, 10,460—Ford						
St. Anthony Hospital	Gen	Church	60	12	172	12
Eldorado, 10,311—Butler						
Susan B. Allen Memorial Hospital	Gen	NFAss	25	7	102	10
Elkhart, 1,455—Morton						
Tucker Hospital	Gen	Indiv	10	3	16	4
Emporia, 14,687—Lyon						
Newman Memorial County Hospital	Gen	County	60	14	102	20
St. Mary's Hospital	Gen	Church	75	6	No data supplied	
Ft. Leavenworth, 8,388—Leavenworth						
Station Hospital	Gen	Army	142	6	51	72
Ft. Riley, 2,560—Geary						
Station Hospital	Gen	Army	102	8	91	100
Ft. Scott, 10,167—Bourbon						
Mercy Hospital	Gen	Church	100	10	155	75
Garden City, 6,121—Finney						
Bailey Hospital	Gen	Indiv	10	2	3	3
St. Catherine's Hospital	Gen	Church	41	9	66	10
Girard, 2,446—Crawford						
Girard General Hospital	Gen	City	10	2	10	3
Goessel, 116—Marion						
Mennonite Bethesda Hospital	Gen	Church	20	5	60	8
Goodland, 3,424—Sherman						
Sanitary Memorial Hospital	Gen	Church	23	3	67	7
Great Bend, 5,146—Barton						
St. Rose Hospital	Gen	Church	70	12	224	61
Halstead, 1,373—Harvey						
Halstead Hospital	Gen	Church	170	8	25	60
Hays, 4,616—Ellis						
Hays Protestant Hospital	Gen	Church	40	5	28	10
St. Anthony's Hospital	Gen	Church	100	12	254	70
Hoisington, 3,676—Barton						
Atkin Hospital	Gen	Indiv	15	2	15	7
Horton, 4,662—Brown						
Horton Hospital	Gen	Corp	15	5	105	10
Hutchinson, 27,676—Reno						
Grace Hospital	Gen	Church	150	17	200	65
St. Elizabeth Mercy Hospital	Gen	Church	70	12	181	25
Independence, 10,769—Montgomery						
Mercy Hospital	Gen	Church	25	15	65	25
Junction City, 7,497—Geary						
Junction City Municipal Hosp.	Gen	City	24	12	60	12
Kansas City, 121,857—Wyandotte						
Bell Memorial Hospital	Gen	State	157	25	220	25
Bethany Methodist	Gen	Church	150	15	220	24
Douglas Hospital (col.)	Gen	Church	25	1	15	1
Providence Sanitarium	TB-M	Indiv	25	..	..	14
Providence Hospital	Gen	Church	150	15	185	15
St. Margaret's Hospital	Gen	Church	150	15	185	15
Larned, 3,882—Pawnee						
Larned City Hospital	Gen	NFAss	15	3	60	4
Larned State Hospital	Ment	State	1,040	..	..	891
Lawrence, 12,374—Douglas						
Lawrence Hospital	Gen	Indiv	25	3	..	5
Lawrence Memorial Hospital	Gen	City	32	10	155	11
Leavenworth, 17,466—Leavenworth						
Cushing Hospital	Gen	NFAss	25	10	101	10
St. John's Hospital	Gen	Church	65	10	61	25
Liberal, 1,861—Seward						
Epworth Hospital	Gen	Church	21	9	61	10
Lyons, 3,295—Rice						
Lyons Hospital	Gen	NFAss	17	3	61	9
Manhattan, 10,116—Riley						
Charlotte Swift Memorial Hospital	Gen	NFAss	35	10	65	13
Marysville, 4,251—Marshall						
Randell Hospital	Gen	Indiv	12	2	14	6
McPherson, 6,147—McPherson						
McPherson County Hospital	Gen	County	30	12	150	22
Morgan, 1,662—Sumner						
A. T. & S. F. Railway Hosp.	Indus	NFAss	40	..	..	22
Newton, 11,626—Harvey						
Lutheran Christian Hospital	Gen	Church	30	12	60	15
Bethel Deaconess Hospital	Gen	Church	40	12	150	17

Key to symbols and abbreviations is on page 1091

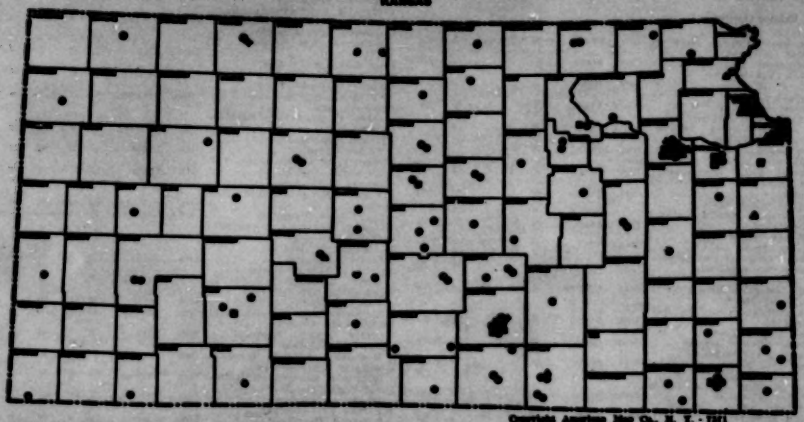
KANSAS—Continued

Hospitals and Bassinets	Type of Hospital	Control	Beds	Bassinets	Patients Admitted	Patients Died	Patients Remaining
Reno, 1,737—Reno							
Lake Memorial Hospital	Gen	Church	30	30	30	0	30
State Sanatorium for Tubercu- losis	TB	State	305	..	..	305	30
Osawatomie, 4,440—Miami							
Osawatomie State Hospital[2]	Ment	State	1,500	..	..	1,500	150
Ottawa, 9,806—Franklin							
Dunham Memorial Hospital	Gen	County	45	32	70	15	200
Pittsburg, 14,559—Labette							
Mercy Hospital	Gen	Church	35	4	44	17	30
St. T. Hospital, Registered	Gen	NPAss	20	..	..	..	20
Hospital	Indus	NPAss	20	..	..	20	20
State Hospital for Epileptics	Epil	State	600	..	..	597	595
Pittsburg, 14,559—Crawford							
Mt. Carmel Hospital[2]	Gen	Church	70	5	80	17	1,100
Pratt, 6,882—Pratt							
Pratt Hospital[2]	Gen	Corp	20	5	30	4	300

KANSAS—Continued

Hospitals and Bassinets	Type of Hospital	Control	Beds	Bassinets	Patients Admitted	Patients Died	Patients Remaining
Wichita, 74,430—Sedgwick							
Wesley Hospital[2]	Gen	Church	125	14	125	25	1,000
Wichita Hospital[2]	Gen	Church	125	14	125	25	1,000
Winfield, 5,520—Cowley							
St. Mary's Hospital[2]	Gen	Church	41	6	35	6	200
William Newton Memorial Hos- pital[2]	Gen	City	42	10	42	20	175
Related Institutions							
Ashland, 1,282—Clark							
Ashland Hospital	Gen	NPAss	20	4	35	4	200
Atchison, 15,021—Atchison							
Prospect Park Sanitarium	N&M	Indiv	20	1	..	21	60
Burlington, 2,272—Coffey							
Burlington Hospital	Gen	Indiv	15	2	..	Rep	...
Council Grove, 2,326—Morris							
Council Grove Hospital	Gen	Part	20	2	No data supplied		

KANSAS



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● General Hospital
▲ Nervous and Mental
■ Tuberculosis
◆ Other Special Hospital

Total hospitals in Kansas, 127; general, 96; general beds occupied, 49.9 per cent; population per general bed, 316.

Quinter, 576—Gove							
Quinter Hospital and Sanit..	Gen	Indiv	10	4	12	4	200
Ramona, 60—Ness							
Mrs. West Hospital	Gen	Indiv	11	..	20	6	100
Robinson, 1,000—Brown							
St. Anthony Hardesk Memorial Hospital[2]	Gen	Church	100	11	90	31	1,500
Salina, 20,186—Saline							
Asbury Provident Hospital[2]	Gen	Church	45	11	60	20	225
St. John's Hospital[2]	Gen	Church	45	11	125	20	225
Sparrville, 100—Ford							
Perkins Hospital	Gen	NPAss	10	2	12	2	100
Stafford, 1,614—Stafford							
Community Hospital	Gen	Part	14	4	30	6	200
Sterling, 1,282—Rice							
Sterling Hospital	Gen	NPAss	20	4	21	5	50
Syracuse, 1,200—Hamilton							
Denton Memorial Hospital..	Gen	County	25	6	27	7	207
Topeka, 64,129—Shawnee							
A. T. & S. F. Railway Hosp.	Indus	NPAss	140	..	..	12	1,500
Christ's Hospital[2]	Gen	Church	95	10	300	40	1,500
Elliott Sanatorium	TB	CyCo	60	..	..	60	150
Jane C. Stormont Hospital[2]	Gen	NPAss	75	11	225	20	1,200
Menninger Sanitarium[2]	N&M	Corp	60	..	..	20	150
St. Francis Hospital[2]	Gen	Church	75	15	150	20	1,125
Shawnee Co. Asso. Hospital	Gen	Part	150	..	..	20	1,500
Topeka State Hospital	Ment	State	1,567	..	..	1,504	300
Veterans Administration Hosp., 5,192—Leavenworth							
Veterans Admin. Facility	Gen	Fed	701	..	..	600	5,000
Wamego, 1,607—Pottawatomie							
Gen. Hospital	Gen	City	15	5	20	4	200
Wellington, 7,806—Sumner							
Hosker Hospital	Gen	NPAss	20	5	20	5	257
St. Luke's Hospital	Gen	NPAss	25	5	30	5	250
Wichita, 111,110—Sedgwick							
Coffman Hospital	Gen	Indiv	15	3	20	4	...
St. Francis Hospital[2]	Gen	Church	85	25	300	115	1,000
Sedgwick County Hospital	Gen	County	25	6	25	15	1,000
Veterans Admin. Facility	Gen	Fed	150	..	..	140	...

Ellsworth, 1,922—Ellsworth							
Bethel Tuberculin Home and Hospital	Inst	State	30	..	..	25	30
Ft. Dodge, 315—Ford							
Kansas State Soldiers' Home Hospital	Inst	State	30	..	..	14	200
Lansing, 913—Leavenworth							
Asylum for Dangerous Insane	Inst	State	30	..	..	27	30
Kansas State Penitentiary Hospital	Inst	State	30	..	..	22	271
Laywaca, 15,722—Douglas							
Haskell Institute Hospital	Inst	I.A.	40	..	..	1	200
Watkins Memorial Hospital	Inst	State	45	..	..	12	225
Leavenworth, 17,466—Leavenworth							
Evergreen Sanatorium	N&M	Indiv	20	..	..	4	...
U. S. Penitentiary Hospital	Inst	Fed	150	..	..	127	1,000
Lebanon, 320—Smith							
Lebanon Hospital	Gen	Indiv	10	2	8	1	40
Lincoln, 1,720—Lincoln							
City Hospital	Gen	Indiv	8	1	..	2	110
Lincoln Hospital	Gen	Indiv	7	1	10	1	80
Little River, 625—Rice							
Hedtman Memorial Hospital..	Gen	City	10	2	7	2	80
Manhattan, 10,136—Riley							
Kansas State College Hospital	Inst	State	30	..	..	2	300
Marysville, 4,602—Marshall							
Marysville Hospital	Gen	Indiv	10	2	6	2	100
Meriden, 324—Jefferson							
Meriden Hospital	Gen	Indiv	9	1	10	2	120
Merriam, 671—Johnson							
Merriam Hospital	Gen	Indiv	7	1	4	2	100
Olathe, 1,681—Johnson							
State School for the Deaf	Inst	State	30	..	..	2	120
Parsons, 14,955—Labette							
Parsons Hospital and Mater- nity Home	Gen	Indiv	6	2	8	4	40
Scott City, 1,351—Scott							
Scott City Hospital	Gen	Indiv	9	1	11	2	67

Key to symbols and abbreviations is on page 1091

KANSAS—Continued

Related Institutions	Type	Control	Beds	Bassinets	Cribs	Births	Patients Admitted	Patients Discharged
Smith Center, 1,776—Smith								
Smith Center Hospital	Gen	Indiv	6	2	1	4	97	97
Topeka, 64,371—Shawnee								
Veterans Administration Home...	Hist	NPAssn	50	50	50	50	50	
Methodist Episcopal Home for the Aged	Inst	Church	60	..	..	60	100	
Ruby Jones Memorial Hospital (col.)	Inst	State	10	..	..	10	57	
State Industrial School for Boys	Inst	State	20	..	..	0	...	
Wichita, 111,110—Sedgwick								
Salvation Army Home and Hospital	Hist	Church	70	10	100	0	143	
Sedgwick County Tuberculosis Sanatorium	TB	County	60	..	..	60	82	
Suburban Rest	Conv	Indiv	20	..	..	0	68	
Wichita Children's Home Hospital	Inst	NPAssn	20	..	..	20	80	
Winfield, 1,020—Cowley								
State Training School	Defic	State	1,001	..	..	1,000	72	

Summary for Kansas:

	Number	Beds	Average Patients	Patients Admitted
Hospitals and sanatoriums	92	11,220	6,627	69,202
Related institutions	25	2,022	1,222	6,701
Totals	117	13,242	10,249	75,903
Infant registration	97	695		

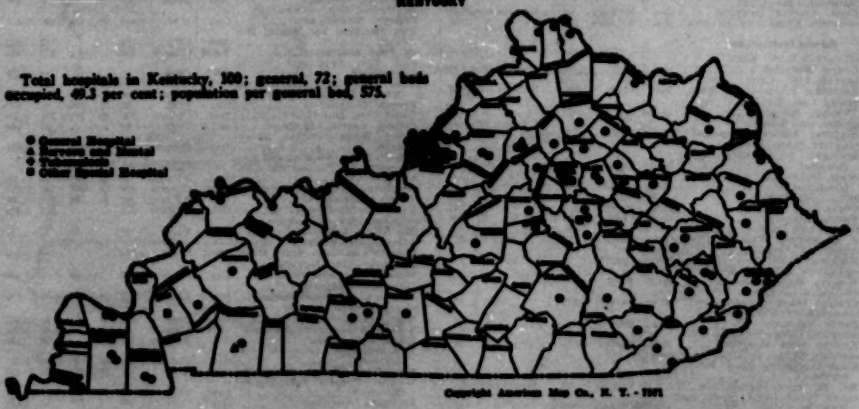
KENTUCKY

Hospitals and Sanatoriums	Type	Control	Beds	Bassinets	Cribs	Births	Patients Admitted	Patients Discharged
Anchorage, 324—Jefferson								
Revel Sanatorium	NAM	Indiv	25	..	..	24	57	
Ashland, 29,074—Boyd								
Kings Daughters Hospital	Gen	NPAssn	75	6	12	12	1,015	
Stephenson Hospital and Clinic	Gen	Indiv	6	4	10	10	60	
Berea, 1,537—Madison								
Berea College Hospital[9]	Gen	NPAssn	20	6	15	10	2,122	

KENTUCKY—Continued

Hospitals and Sanatoriums	Type	Control	Beds	Bassinets	Cribs	Births	Patients Admitted	Patients Discharged
Ft. Thomas (Newport P.O.)—Campbell								
Dobbin Memorial	Gen	Army	25	..	3	20	300	
Frankfort, 11,626—Franklin								
Kings Daughters Hospital	Gen	NPAssn	20	6	6	15	600	
Frankfort, 11,626—Franklin								
Frankfort Hospital	Gen	Church	30	7	6	8	1,100	
Georgetown, 4,220—Scott								
John Graves Ford Memorial Hospital	Gen	CyCo	12	6	24	11	300	
Glasgow, 5,628—Barren								
T. J. Samson Community Hosp.	Gen	NPAssn	45	14	20	20	900	
Harlan, 4,427—Harlan								
Harlan Hospital	Gen	Corp	20	6	6	No data supplied		
Hartwood, 1,400—Owen								
A. D. Price Memorial Hospital	Gen	NPAssn	20	6	6	6	200	
Hazard, 7,892—Perry								
Hazard Hospital	Gen	Corp	25	6	12	12	600	
Hazard-Snyder Hospital	Gen	Corp	25	6	..	..	...	
Henderson, 11,626—Henderson								
Henderson Hospital	Gen	Corp	45	6	6	20	600	
Hopkinsville, 10,512—Christian								
Jewish Hospital Memorial Hosp.[9]	Gen	NPAssn	27	6	16	13	300	
Ivydale, 221—Leslie								
Frontier Nursing Service Hosp.	Gen	NPAssn	12	6	16	12	277	
Jackson, 2,128—Breathitt								
Rash Hospital	Gen	Indiv	25	..	17	12	600	
Jenkins, 6,427—Letcher								
Jenkins Hospital	Gen	NPAssn	20	10	10	No data supplied		
Lexington, 61,710—Fayette								
Good Samaritan Hospital	Gen	Church	125	16	20	15	4,600	
High Oaks Sanatorium	NAM	Indiv	25	..	..	25	225	
Lake Erie Sanatorium	TB	County	50	..	..	50	200	
St. Joseph's Hospital[9]	Gen	Church	150	20	25	15	4,700	
Shriners Hospital for Crippled Children	Orth	Frat	20	..	..	20	112	
Veterans Administration[9]	Gen	Vet	250	..	..	250	712	
Loudon, 1,020—Laurel								
Pemberton General Hospital	Gen	Corp	20	6	6	12	600	
Louisa, 1,262—Lawrence								
Louisa General Hospital	Gen	Indiv	25	6	6	1	100	
Riverview Hospital	Gen	Indiv	25	..	6	1	65	
Louisville, 307,745—Jefferson								
Southwest Sanitarium	NAM	Indiv	20	..	..	6	60	
Children's Free Hospital[9]	Chil	NPAssn	75	..	..	..	1,200	
Jewish Hospital[9]	Gen	NPAssn	85	14	25	17	1,700	

KENTUCKY



Total hospitals in Kentucky, 109; general, 72; general beds occupied, 49.3 per cent; population per general bed, 575.

● General Hospital
▲ Sanatorium
■ Tuberculosis
◆ Other Special Hospital

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Hospitals and Sanatoriums	Type	Control	Beds	Bassinets	Cribs	Births	Patients Admitted	Patients Discharged
Maysville, 6,[illegible]—Mason								
Bracken County Hospital	Gen	Church	25	6	10	9	150	
Middlesboro, 12,[illegible]—Bell								
Middlesboro Hospital	Gen	City	50	6	6	11	600	
Monticello, 2,[illegible]—Wayne								
City Hospital	Gen	City	25	6	10	7	150	
Owensboro, 22,[illegible]—Daviess								
Johnson Memorial Hospital	Gen	County	25	6	10	9	150	
Owingsville, 2,[illegible]—Bath								
St. Elizabeth Hospital[9]	Gen	Church	100	27	60	100	2,000	
Owensboro, 22,[illegible]—Daviess								
Owensboro Hospital[9]	Gen	NPAssn	25	7	10	12	300	
Paducah, 4,[illegible]—McCracken								
Baptist and Riverside Hospital	Gen	CyCo	30	6	10	10	...	
Paducah, 4,[illegible]—McCracken								
Riverside Hospital[9]	Gen	County	100	15	20	20	1,140	
Ft. Knox, 800—Hardin								
Station Hospital	Gen	Army	20	..	1	20	1,207	
Kentucky Baptist Hospital[9]	Gen	Church	150	20	20	20	4,000	
Kentucky Crippled Children Hosp.	Orth	NPAssn	50	..	..	50	1,000	
Louisville City Hospital[9]	Gen	City	400	..	..	1,200	6,000	
Louisville Sanitarium	NAM	Indiv	25	..	..	25	200	
Louisville Tuberculosis Hospitals[9]	TB	City	400	..	..	400	1,000	
Marine Hospital	Gen	Govt	50	6	10	10	1,000	
Norton Memorial Infirmary[9]	Gen	Church	150	20	20	20	4,000	
Red Cross Hospital (col.)[9]	Gen	NPAssn	50	6	10	10	1,000	
St. Anthony Hospital[9]	Gen	Church	150	20	20	20	4,000	
St. Joseph's Infirmary[9]	Gen	Church	150	20	20	20	4,000	
St. Mary and Elizabeth Hospital[9]	Gen	Church	150	20	20	20	4,000	
Speed Memorial Museum	Hist	Church	100	10	20	20	1,000	
State Tuberculosis Sanatorium	TB	State	200	..	..	..	1,000	
Tuley Sanatorium	NAM	Indiv	50	..	..	..	1,000	
U. S. Marine Hospital	Gen	Govt	100	10	10	10	1,000	
Lynch, 4,000—Harlan								
Lynch Hospital	Gen	Corp	50	6	10	11	600	

Key to symbols and abbreviations is on page 1024

KENTUCKY—Continued

Hospitals and Institutions	Bed Type	Ownership	Interns	Nurses	Patients Admitted	Patients Registered
Madisonville, 4,892—Hopkins						
Madisonville Hospital	Gen	Corp	10	3	10	0
Martin, 700—Floyd						
Beaver Valley Hospital	Gen	Indiv	10	1	10	10
Mayfield, 6,177—Graves						
Riley-Jeffers Hospital	Gen	Corp	15	4	15	4
Mayfield Hospital	Gen	Part	10	2	10	11
Maysville, 6,582—Mason						
Memorial Hospital	Gen	NFAss	45	9	30	11
Middlesboro, 12,245—Bell						
Middlesboro Hospital	Gen	Part	20	4	20	14
Mt. Sterling, 4,164—Montgomery						
Mary Chiles Hospital	Gen	City	17	3	16	9
Murray, 3,501—Calloway						
Mrs. Stanton Clinic Hospital	Gen	Part	12	2	2	3
Tri-State General Hosp.[a]	Gen	NFAss	15	3	20	10
Owensboro—Daviess						
Veterans Admin. Facility	TB	Vet	225	..	..	170
Owensboro, 22,765—Daviess						
Owensboro City Hospital[a]	Gen	City	37	10	180	6
Paducah, 33,541—McCracken						
Illinois Central Hospital	Gen	Corp	10	1	4	10
Riverside Hospital	Gen	City	150	3	171	21
Paintsville, 2,911—Johnson						
Paintsville Hospital	Gen	Corp	20	3	14	9
Park, 4,461—Hardin						
W. W. Hinds Memorial Hospital	Gen	City	45	4	27	12
Pewee Valley, 687—Oldham						
Pewee Valley Sanitarium and Hospital	Gen	NFAss	25	3	6	11
Pikeville, 4,370—Pike						
Pikeville Hospital	Gen	Church	20	5	30	15
Pineville, 4,167—Bell						
Pineville Community Hospital	Gen	Corp	20	3	..	..
Richmond, 4,426—Madison						
Gilcrest Hospital	Gen	Indiv	20	..	4	12
Pattie A. Clay Infirmary	Gen	NFAss	25	6	..	11
U. S. Public Health Service Tuberculosis Hospital	Tuber	FedState	24	..	..	20
Shelbyville, 4,249—Shelby						
Shelby Memorial Hospital	Gen	NFAss	20	6	45	11
Somerset, 4,126—Pulaski						
Somerset General Hospital	Gen	Corp	20	3	10	11
Versailles, 1,304—Woodford						
Woodford Memorial Hospital	Gen	CyCo	20	4	40	12
Waverly Hills—Jefferson						
Waverly Hills Sanatorium	TB	CyCo	225	..	..	225
Whitesburg, 1,121—Clark						
Clark County Hospital	Gen	NFAss	15	2	No data supplied	
General Clinic and Hospital	Gen	NFAss	20	4	9	9
Related Institutions						
Barbourville, 1,121—Knox						
Knox Memorial	Gen	Indiv	12	2	12	2
Bellevue, 1,629—Campbell						
Kentucky Psychopathic Hosp.	Inst	State	20	..	No data supplied	
Pineville, 1,121—Letcher						
Pineville Hospital	Indus	Corp	15	..	..	5
Princeton, 4,724—Caldwell						
Highway Medical Hospital	Gen	Indiv	20	2	..	..
Frankfort, 11,626—Franklin						
Kentucky State Reformatory Hospital	Inst	State	105	..	..	20
State Institution for the Feeble Minded	Idio	State	600	..	..	700
Hazard, 4,744—Perry						
Combs-Ball Hospital	Gen	Indiv	10	1	6	1
Pikes Hospital	Gen	Corp	10	1	5	1
Grayson, 1,426—Carter						
J. G. Brown Memorial Hosp.	Gen	Indiv	10	1	3	6
Hospital of Immaculate	Gen	Church	10	..	1	3
Hopkinsville, 9,176—Christian						
Western State Hospital	Ment	State	1,525	..	..	1,500
Lakeland, St. Christopher						
Central State Hospital	Ment	State	1,500	..	..	1,312
Lebanon, 3,525—Marion						
Jesse Helm Hospital	Gen	Indiv	7	1	..	Nov
Lexington, 45,911—Fayette						
Eastern State Hospital	Ment	State	1,975	..	..	1,287
Louisville, 307,745—Jefferson						
Home Breathitt House for Inebriates	Inc	NFAss	25	..	..	21
St. St. Agnes Sanatorium	TB&H	Church	25	..	..	No data supplied
Home Saint Luke Home and Hospital	MatChChurch		25	20	110	..
Princeton, 4,724—Caldwell						
Princeton Hospital	Gen	NFAss	15	4	No data supplied	
Rensselaer, 1,126—Lasher						
Rex Hospital	Indus	Indiv	8	..	4	5
Smith Mills, 1,126—Henderson						
Old Masonic Home of Kentucky Hospital	Inst	Frat	15	..	..	6
Spring Grove, 775—Warren						
Lucy T. Owen Hospital	Gen	Indiv	12	1	1	1

Summary for Kentucky:

	Number	Beds	Average Patients	Patients Admitted
Hospitals and sanatoriums	72	6,141	5,401	76,471
Related institutions	21	7,251	6,035	7,151
Totals	103	13,442	11,436	83,622
Related registrations	19	125		

LOUISIANA

Hospitals and Institutions	Bed Type	Ownership	Interns	Nurses	Patients Admitted	Patients Registered
Alexandria, 21,422—Rapides						
Baptist Hospital	Gen	Church	25	6	110	18
Veterans Admin. Facility	Gen	Vet	60	..	..	55
Bastrop, 5,132—Morehouse						
Bastrop General Hospital	Gen	Indiv	10	4	9	5
Baton Rouge, 30,729—East Baton						
Baton Rouge General Hosp.[a]	Gen	NFAss	70	5	100	15
Our Lady of the Lake Sanit.[a]	Gen	Church	150	15	227	20
Bogalusa, 14,422—Washington						
Elizabeth Sullivan Memorial Hospital[a]	Gen	Corp	24	11	225	15
Carville, 532—Iberville						
U. S. Marine Hospital[a]	Leper	USPHS	425	..	..	225
Converse, 681—Sabine						
Allen Sanitarium	Gen	Indiv	10	4	10	7
Covington, 5,020—St. Tammany						
New Parish Sanitarium	MAH	Indiv	24	..	No data supplied	
Crowley, 7,622—Acadia						
Crowley Sanitarium	Gen	NFAss	15	2	20	5
De Ridder, 5,132—Beauregard						
De Ridder Sanitarium	Gen	Coop	10	1	5	3
Ferriday, 1,842—Concordia						
Ferriday Hospital	Gen	Part	7	2	10	3
General Pershing Hospital, Baton Rouge						
General Pershing Sanatorium	TB	State	60	..	..	60
Hammond, 5,342—Tangipahoa						
Hammond Sanitarium	Gen	Corp	20	2	12	7
Jonesboro, 3,020—East Feliciana						
East Louisiana State Hosp.[a]	Ment	State	3,500	..	..	3,500
Lafayette, 14,423—Lafayette						
Lafayette Sanitarium	Gen	Corp	25	2	25	2
St. John Hospital	Gen	Indiv	25	2	25	2
Lake Charles, 21,791—Calcasieu						
St. Patrick's Hospital[a]	Gen	Church	45	15	65	20
Leesville, 1,627—Vernon						
Leesville Sanitarium	Gen	Part	20	2	75	5
Mansfield, 3,427—De Soto						
Mansfield Sanitarium	Gen	NFAss	20	2	25	6
Minden, 4,822—Webster						
Minden Sanitarium	Gen	Corp	25	2	20	6
Monroe, 23,427—Ouachita						
Ouachita General Hospital	Gen	NFAss	25	4	No data supplied	
St. Francis Sanitarium[a]	Gen	Church	25	10	75	15
Vaughan-Wright Memorial Clinic	Gen	Part	25	10	75	15
Natchitoches, 5,342—Natchitoches						
Natchitoches Hospital	Gen	NFAss	20	2	25	3
New Iberia, 6,422—Iberia						
Iberia Hospital	Gen	Indiv	20	2	20	9
New Orleans, 458,762—Orleans						
Charity Hospital[a]	Gen	State	1,214	89	5,422	5,122
City Hospital for Mental Diseases	Ment	City	225	..	..	25
De Paul Sanitarium	MAH	Church	225	..	..	25
Eye, Ear, Nose and Throat Hospital	EENT	Corp	70	..	..	15
Flint Goodridge Hospital of Dillard University (col.)[a]	Gen	NFAss	25	15	65	10
French Hospital	Gen	Other	25	15	65	10
Hotel Dieu Hospital[a]	Gen	Church	225	40	1,000	225
Illinois Central Hospital	Indus	Corp	25	..	..	25
Maternity Hospital	Gen	Church	125	25	225	10
New Orleans Hospital and Dispensary for Women and Chil.	Gen	NFAss	25	15	125	25
Touro Infirmary[a]	Gen	NFAss	225	40	1,000	225
Southern Baptist Hospital[a]	Gen	NFAss	225	40	1,000	225
U. S. Marine Hospital[a]	Gen	USPHS	225	..	..	225
Ochsner Clinic and Hospital	Gen	Indiv	225	40	1,000	225
St. Mary's Infirmary[a]	Gen	Part	25	..	25	..
Pineville, 1,842—Rapides						
Central Louisiana State Hosp.	Ment	State	1,725	..	..	1,725
Poydras, 1,122—Iberville						
Poydras Plantation	Gen	Corp	25	7	20	6
Ruston, 4,422—Lincoln						
Ruston-Lincoln Sanitarium	Gen	NFAss	20	2	27	5
Shreveport, 76,655—Caddo						
Confederate Memorial	Gen	City	225	2	225	6
North Louisiana Sanitarium	Gen	City	225	2	225	6
Pine Sanitarium	TB	NFAss	25	..	..	25
S. H. Kaufman Memorial Sanitarium	Gen	Church	225	25	225	25
Shreveport Charity Hospital	Gen	State	225	25	1,225	225
Shreveport Hospital for Crippled Children	Orth	Frat	25	..	..	25
Tri-State Hospital	Gen	Corp	225	2	225	25
Winnsboro, 1,842—Franklin						
Winnsboro Sanitarium	Gen	Corp	25	2	..	..
Related Institutions						
Alexandria, 21,422—Rapides						
State Colony and Training School	Idio	State	650	..	..	627
Angola, 25—West Feliciana						
Louisiana State Penitentiary Hospital	Inst	State	25	..	..	..
Bayou Bridge, 1,422—St. Martin						
St. Paul Hospital	Gen	Indiv	25	2	2	2
Chisholm, 1,422—Allen						
Industrial Lumber Company Hospital	Gen	NFAss	25	2	2	25
Eunice, 2,422—St. Landry						
Eunice Clinic and Hospital	Gen	Corp	25	2	..	..

Key to symbols and abbreviations is on page 1094

LOUISIANA—Continued

Related institutions	Type	Class	Beds	Bassinets	Cribs	Adm.	Pat. days
New Orleans, 459,929—Orleans							
New Orleans Quarantine Station	Corp	HFAsm	10	..	..	10	365
New Orleans Home for Incurables	Priv	HFAsm	50	..	..	50	18,250
Other	Priv	HFAsm	125	..	..	75	18,250
Orleans, 459,929—Orleans							
Charity Hospital	Cnty	HFAsm	1,000	..	..	1,000	365,000
St. Anna's Asylum	Rel	Chron	70	..	..	6	...
Orleans, 6,329—St. Landry							
St. Landry Sanatorium	Gen	Indiv	15	..	..	No data supplied	

Summary for Louisiana:

	Number	Beds	Average Patients	Patients Admitted
Hospitals and sanatoriums	61	10,977	10,422	289,319
Related institutions	15	522	719	2,819
Totals	61	11,499	11,141	292,138
Refused registration	1	25		

MAINE—Continued

Hospitals and Sanatoriums	Type	Class	Beds	Bassinets	Cribs	Adm.	Pat. days
Bar Harbor, 4,629—Hancock							
Mount Desert Island Hospital	Gen	HFAsm	25	4	10	10	365
Bar Mills, 250—York							
Bar Mills Hospital	Gen	Indiv	12	2	4	2	110
Bath, 9,110—Sagadahoc							
Bath Memorial Hospital	Gen	HFAsm	30	10	75	17	440
Belfast, 4,022—Waldo							
Belfast Memorial Hospital	Gen	HFAsm	20	2	12	7	365
Biddeford, 17,327—York							
Webber Hospital	Gen	Corp	25	12	40	12	730
Webber Hospital	Gen	HFAsm	25	15	137	15	1,825
Blue Hill, 1,400—Hancock							
Blue Hill Memorial Hospital	Gen	HFAsm	10	4	10	11	271
Boothbay Harbor, 4,004—Lincoln							
St. Andrews Hospital	Gen	Corp	20	6	15	5	547

LOUISIANA
Total hospitals in Louisiana, 61; general, 42; general beds occupied, 78.7 per cent; population per general bed, 383.
General Hospital
Nervous and Mental
Tuberculosis
Other Special Hospital
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MAINE

Hospitals and Sanatoriums	Type	Class	Beds	Bassinets	Cribs	Adm.	Pat. days
Augusta, 17,198—Kennebec							
Augusta General Hospital	Gen	HFAsm	65	12	102	53	1,897
Augusta State Hospital	Ment	State	1,500	..	..	1,500	365
Veterans Admin. Facility	Gen	Vet	275	..	..	325	1,650
Bangor, 24,749—Penobscot							
Bangor Sanatorium	TB	HFAsm	20	..	..	14	54
Bangor State Hospital	Ment	State	650	..	..	675	232
Eastern Maine General Hosp.	Gen	HFAsm	100	14	72	140	3,145
Pulsa Private Hospital	Gen	Indiv	25	5	8	6	135
Brunswick, 6,144—Cumberland							
Brunswick Hospital	Gen	Indiv	25	4	No data supplied		
Calais, 5,429—Washington							
Calais Hospital	Gen	Indiv	10	2	10	20	237
Cape Cottage, 50—Cumberland							
Station Hospital	Gen	Army	24	..	..	3	365
Caribou, 7,520—Aroostook							
Cary Memorial Hospital	Gen	City	30	10	70	25	425

Key to symbols and abbreviations is on page 1021

MAINE—Continued

Hospitals and Sanatoriums	Type of Control	Class	Beds, Bassinets	Patients Admitted	Patients Discharged	Deaths	Days of Hospital Service	Average Daily Census
Caribou, 7,95—Aroostook								
Caribou Community Hospital	Gen	NPAss	30	6	69	15	687	
Dixmont, 1,500—Penobscot								
Bangor Mental Health Institute	Gen	Corp	20	5	69	6	200	
Fairfield, 5,000—Somerset								
Central Maine Sanatorium	TB	State	100	..	..	172	365	
Farmington, 1,737—Franklin								
Franklin County Memorial Hospital	Gen	NPAss	40	10	69	16	365	
Ft. Fairfield, 2,500—Aroostook								
Ft. Fairfield Clinic	Gen	Corp	10	5	35	7	455	
Gardiner, 5,000—Kennebec								
Gardiner General Hospital	Gen	NPAss	40	12	160	17	619	

MAINE

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Total hospitals in Maine, 68; general, 54; general beds occupied, 58.9 per cent; population per general bed, 279.

Hospitals and Sanatoriums	Type of Control	Class	Beds, Bassinets	Patients Admitted	Patients Discharged	Deaths	Days of Hospital Service	Average Daily Census
Greenville Junction, 345—Piscataquis								
Charles A. Dean Hospital	Gen	NPAss	25	5	32	3	365	
Gouverneur Hospital, —Oxford								
Western Maine Sanatorium	TB	State	100	..	..	143	121	
Houlton, 4,500—Aroostook								
Aroostook Hospital	Gen	Corp	40	10	57	10	748	
Madigan Memorial Hospital	Gen	Church	25	7	35	17	365	
Lewiston, 31,540—Androscoggin								
Central Maine General Hosp.	Gen	NPAss	157	25	613	120	5,157	
St. Mary's General Hospital	Gen	Church	100	17	114	22	3,571	
Portland, 70,810—Cumberland								
Children's Hospital	Chl	NPAss	100	..	..	21	693	
Farrington Hospital	Gen	City	120	12	156	15	1,361	
Dr. Leighton's Private Hosp.	Mat	Indiv	10	10	84	0	365	
Maine Eye and Ear Infirmary	Gen	Corp	110	19	249	4	2,555	
Maine General Hospital	Gen	NPAss	181	27	693	105	5,000	
Mercy Hospital	Gen	Church	125	23	1,000	99	7,500	
St. Barnabas Hospital	Gen	Church	40	12	242	20	1,460	
State Street Hospital	Gen	Corp	20	10	68	8	693	
U. S. Marine Hospital	Gen	USPHS	75	..	..	8	624	
Presque Isle, 4,000—Aroostook								
Northern Maine Sanatorium	TB	State	110	..	..	112	111	
Presque Isle General Hospital	Gen	NPAss	30	15	111	12	1,011	

MAINE—Continued

Hospitals and Sanatoriums	Type of Control	Class	Beds, Bassinets	Patients Admitted	Patients Discharged	Deaths	Days of Hospital Service	Average Daily Census
Rockland, 8,675—Knox								
Knox County General Hosp.	Gen	NPAss	60	7	69	10	570	
Rumford, 10,555—Oxford								
Rumford Community Hosp.	Gen	NPAss	75	8	115	17	760	
Sanford, 10,522—York								
Henrietta D. Goodall Hospital	Gen	NPAss	50	8	85	10	694	
Skowhegan, 4,500—Somerset								
Kennebec Valley Hospital	Gen	Indiv	57	8	92	10	1,500	
Waterville, 16,364—Kennebec								
Elm City Hospital	Gen	Indiv	25	6	61	10	615	
Seton Hospital	Gen	Church	50	14	150	12	1,215	
Thayer Hospital	Gen	Corp	50	4	98	13	615	
Westbrook, 10,837—Cumberland								
Westbrook Hospital	Gen	Corp	30	5	69	11	600	
York Village, 1,625—York								
York Hospital	Gen	NPAss	30	6	57	9	330	
Related Institutions								
Auburn, 15,271—Androscoggin								
Auburn Private Hospital	Gen	Indiv	10	6	55	5	30	
Bangor, 29,749—Penobscot								
Fabyan Private Hospital	Gen	Indiv	20	2	No data supplied			
Pritchard's Hospital	Gen	Indiv	10	1	12	4	365	
Laura Purcell Hospital	Gen	Indiv	12	1	7	1	365	
Stinson Private Hospital	Gen	Indiv	20	11	No data supplied			
Bridgton, 4,000—Cumberland								
Narramissic Cottage Hospital	Gen	NPAss	5	4	30	1	60	
Eagle Lake, 1,200—Aroostook								
Northern Maine General Hosp.	Gen	Church	32	..	..	25	614	
East Pittsfield, 350—York								
Sanford	Conv	Indiv	10	..	No data supplied			
Freeport, 978—Cumberland								
Freeport Hospital	Gen	Part	8	2	10	3	91	
Milbridge, 1,025—Washington								
Bryant Hospital	Gen	Indiv	7	3	30	6	200	
Old Town, 7,290—Penobscot								
Bailey Private Hospital	Gen	Indiv	9	2	11	2	100	
Portland, 70,810—Cumberland								
Isolation Cottage	Inf	City	10	..	..	2	..	
Dr. C. F. Wescott Sanatorium	Conv	Indiv	11	..	..	2	91	
Pownal, 600—Cumberland								
Pownal State School	MnDv	State	650	..	..	700	20	
Strong, 670—Franklin								
Dr. Hall's Private Hospital	Surg	Indiv	10	2	5	1	170	
Union, 1,650—Knox								
Jones Sanitarium	NAM	Corp	10	..	..	10	4	

Summary for Maine:

	Number	Beds, Bassinets	Average Patients Admitted	Patients Discharged
Hospitals and sanatoriums	58	1,877	4,621	44,625
Related institutions	10	1,057	699	1,059
Totals	68	4,934	5,320	45,684
Refused registration	7	139		

MARYLAND

Hospitals and Sanatoriums	Type of Control	Class	Beds, Bassinets	Patients Admitted	Patients Discharged	Deaths	Days of Hospital Service	Average Daily Census
Aberdeen Proving Ground, 215—Harford								
Station Hospital	Gen	Army	10	..	..	0	365	
Annapolis, 11,531—Anne Arundel								
Annapolis Emergency Hospital	Gen	State	65	15	320	31	1,650	
U. S. Naval Hospital	Gen	Navy	254	..	..	31	1,201	
Baltimore, 804,874—Baltimore City								
Baltimore City Hospitals (General)	Gen	City	700	6	220	607	5,481	
Baltimore City Hospitals (Psychopathic)	Ment	City	300	..	..	287	300	
Baltimore City Hospitals (Tuberculosis)	TB	City	170	..	..	105	681	
Baltimore Eye, Ear and Throat Charity Hospital	EET	NPAss	60	..	..	31	5,472	
Bon Secours Hospital	Gen	Church	110	25	370	24	1,772	
Children's Hospital School	Orth	NPAss	120	..	..	9	365	
Church Home and Infirmary	Gen	Church	125	11	225	15	2,500	
Franklin Square Hospital	Gen	NPAss	115	15	325	77	5,000	
Good Shepherd General Hospital (col.)	Gen	Indiv	57	5	70	20	571	
Gundry Sanitarium	NAM	Indiv	45	..	No data supplied			
Hospital for Women	Gen	NPAss	105	24	400	72	1,650	
Howard A. Kelly Hospital	StCa	Corp	57	..	..	11	600	
James Lawrence Kernan Hospital and Industrial School for Crippled Children	Orth	NPAss	50	..	..	67	350	
Johns Hopkins Hospital	Gen	NPAss	700	71	1,370	550	13,501	
Johnston Memorial Children's Hospital	(Children's Dept of Union Memorial Hosp.)							
Maryland General Hospital	Gen	Church	107	12	220	25	4,162	
Mercy Hospital	Gen	Church	225	30	370	25	4,649	
Mt. Hope Hospital	NAM	Church	200	..	..	60	107	
Phipps Psychiatric Clinic	(Psychiatric Dept. of Johns Hopkins Hosp.)							

Key to symbols and abbreviations is on page 1035

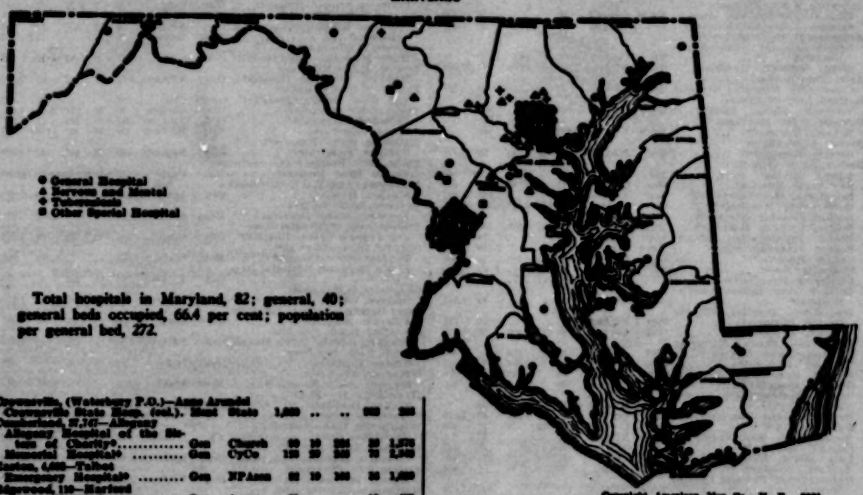
MARYLAND—Continued

Hospitals and Sanatoriums								
Presbyterian Eye, Ear, and Throat Charity Hospital—Cont.		EET	Church	60	..	..	9	2,554
Provident Hospital and Free Dispensary (col.)◇◇		Gen	NPAssn	120	8	222	19	1,670
St. Agnes' Hospital◇◇		Gen	Church	225	24	322	32	6,182
St. Joseph's Hospital◇◇		Gen	Church	225	24	322	32	4,182
Sinai Hospital◇◇		Gen	NPAssn	225	9	276	25	4,259
South Baltimore General Hospital◇◇		Gen	NPAssn	100	15	157	17	2,229
Spedden Hospital		Ins	City	110	..	1	69	1,252
Union Memorial Hospital◇◇		Gen	NPAssn	225	15	295	25	4,254
U. S. Marine Hospital◇		Gen	USPHS	275	..	..	225	1,225
University Hospital◇◇		Gen	State	225	15	295	25	4,127
Veterans of America Hospital		Gen	NPAssn	75	15	225	12	1,171
West Baltimore General Hospital◇◇		Gen	NPAssn	100	15	200	20	2,220
Cambridge, 4,242—Dorchester								
Cambridge-Maryland Hospital◇		Gen	NPAssn	45	14	174	27	227
Eastern Shore State Hospital		Ment	State	250	..	..	245	61
Catonsville, 4,422—Baltimore								
Harlem Lodge		N&M	Indiv	20	..	..	12	72
Spring Grove State Hospital◇		Ment	State	1,700	..	..	1,120	262
Crisfield, 2,629—Somerset								
Edward W. McCready Memorial Hospital		Gen	NPAssn	24	5	35	17	272

MARYLAND—Continued

Hospitals and Sanatoriums								
Olney, 32—Montgomery								
Montgomery County General Hospital		Gen	NPAssn	60	8	122	25	1,200
Perry Point, 50—Cecil								
Veterans Admin. Facility		N&M	Vet	1,015	..	..	1,002	172
Prince Frederick, 226—Calvert								
Calvert County Hospital		Gen	County	25	5	No data supplied		
Relreisterstown, 1,600—Baltimore								
Mt. Pleasant		TD	NPAssn	60	..	..	52	45
Rockville, 1,422—Montgomery								
Chestnut Lodge Sanatorium		N&M	Indiv	25	..	..	25	81
Salisbury, 10,577—Wicomico								
Maryland Tuberculosis Sanatorium, Eastern Shore Branch		TD	State	25	..	..	..	..
Peninsula General Hospital◇		Gen	NPAssn	54	15	250	19	2,111
State Sanatorium, 225—Frederick								
Maryland Tuberculosis Sanat.		TD	State	250	..	..	225	700
Sykesville, 625—Carroll								
Springfield State Hospital◇		Ment	State	2,650	..	..	2,502	454
Towson, 5,522—Baltimore								
Aigburth Manor		Nerv	Indiv	22	..	..	17	42
Hospital for Consumptives		TD	NPAssn	100	..	..	107	224
Support and Knock Frost Hospital◇◇		N&M	NPAssn	200	..	..	270	225

MARYLAND



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Total hospitals in Maryland, 82; general, 40; general beds occupied, 66.4 per cent; population per general bed, 272.

Cheverville, (Waterbury P.O.)—Anne Arundel								
Cheverville State Hosp. (col.)		Ment	State	1,250	..	..	900	200
Cumberland, 37,147—Allegany								
Allegany Hospital of the Sisters of Charity◇		Gen	Church	50	10	225	22	1,270
Memorial Hospital◇		Gen	CyCo	125	20	225	25	2,240
Easton, 4,632—Talbot								
Easton Memorial Hospital◇		Gen	NPAssn	52	10	100	25	1,250
Edgewood, 110—Harford								
Station Hospital		Gen	Army	60	..	..	12	227
Elkton, 4,221—Cecil								
Union Hospital of Cecil County		Gen	NPAssn	45	5	141	27	720
Elkton City, 4,221—Harford								
Pelegrin Manor Sanatorium		N&M	Corp	25	..	..	14	70
Ft. George G. Meade,—Anne Arundel								
Station Hospital		Gen	Army	100	5	24	42	1,250
Ft. Howard, 250—Baltimore								
Station Hospital		Gen	Army	21	5	7	12	442
Ft. Washington, 625—Prince Georges								
Station Hospital		Gen	Army	20	..	..	7	225
Frederick, 14,424—Frederick								
Frederick City Hospital◇		Gen	NPAssn	112	12	121	45	1,541
Frostburg, 4,500—Allegany								
Miners Hospital		Gen	State	20	5	40	15	225
Hagerstown, 35,862—Washington								
Washington County Hospital◇		Gen	NPAssn	207	10	270	52	2,425
Havre de Grace, 4,802—Harford								
Havre de Grace Hospital		Gen	NPAssn	45	20	55	20	225
Henryton, 25—Carroll								
Maryland Tuberculosis Sanatorium (col.)		TD	State	125	..	..	125	222
Hyattsville, 75—Frederick								
Hope Cottage Sanatorium		N&M	Indiv	25	..	..	25	14
Laurel, 2,222—Prince Georges								
Laurel Sanatorium		N&M	Corp	75	..	..	42	145
Mt. Wilson,—Baltimore								
Mt. Wilson Branch, Maryland Tuberculosis Sanatorium		TD	State	175	..	..	175	122

Related Institutions								
Baltimore, 804,874—Baltimore City								
Baltimore City Jail Hospital		Inst	City	30	..	..	24	217
Happy Hills Convalescent Home for Children		Conv	NPAssn	40	..	..	21	224
Home for Incurables		Ins	NPAssn	110	..	..	110	27
Maryland Penitentiary Hosp.		Inst	State	24	..	..	21	250
College Park, 250—Prince Georges								
University of Maryland Infirmary		Inst	State	10	..	..	4	125
Cumberland, 37,747—Allegany								
Allegany County Tuberculosis Sanatorium		TD	NPAssn	25	..	..	12	41
Sylvan Retreat		Rest	County	100	..	..	25	10
Frederick, 14,424—Frederick								
Maryland State School for the Deaf		Inst	State	12	..	..	5	20
Hyattsville, 4,500—Prince Georges								
Piedmont Sanitarium		TD	Indiv	20	..	..	14	110
Jessups, 101—Anne Arundel								
Hill Top School		MeDe	Part	14	0	No data supplied		
Maryland House of Correction Hospital		Inst	State	60	..	..	20	404
Leonardtown, 625—St. Marys								
St. Marys County Hospital		Gen	NPAssn	20	5	24	4	120
Owings Mills, 215—Baltimore								
Boonwood State Training School		MeDe	State	1,125	..	..	1,015	55

Key to symbols and abbreviations is on page 1024

MARYLAND—Continued

Related Institutions	Type of Hospital	Control	Bed Capacity	Bassinets	Nurses in Training	Average Daily Census	Patients Admitted
Relay, 1,600—Baltimore							
Relay Sanitarium	N&M	Part	65	..	..	12	91
Rockville, 1,522—Montgomery							
Waverley Sanatorium	Conv	Indiv	15	..	..	13	67

Summary for Maryland:

	Number	Beds	Average Patients	Patients Admitted
Hospitals and sanatoriums	67	16,041	13,271	102,822
Related institutions	15	1,732	1,030	2,284
Totals	82	17,773	14,301	105,106
Refused registration	4	71		

MASSACHUSETTS

Hospitals and Sanatoriums	Type of Hospital	Control	Bed Capacity	Bassinets	Nurses in Training	Average Daily Census	Patients Admitted
Amesbury, (See Bradford P.O.) 4,589—Essex							
Amesbury Sanatorium and Hosp.	Gen	Indiv	20	6	24	17	98
Athol, 12,077—Worcester							
W. H. Heywood Memorial Hosp.	Gen	City	70	15	140	31	668
Auburn, 11,659—Essex							
Auxiliary Hospital	Gen	City	20	6	85	19	688
Attleboro, 18,651—Bristol							
Bay Consolidated Hosp.[o]	H&M	Corp	60	..	..	28	230
Sturdy Memorial Hospital[o]	Gen	Corp	75	25	144	32	1,371
Ashburnham, 2,702—Bristol							
Bristol County Tuberculosis Hospital	TB	County	60	..	..	60	82
Sturdy Memorial Hospital[o]	Gen	NPAssn	100	25	105	67	1,329
Ayer, 3,668—Middlesex							
Community Memorial Hospital	Gen	NPAssn	22	7	75	14	327
Bedford, 6,666—Middlesex							
Veterans' Admin. Facility	Ment	Vet	813	..	..	809	105
Belmont, 21,748—Middlesex							
McLean Hospital[o]	M&N	NPAssn	282	..	..	199	119
Beverly, 22,421—Essex							
Beverly Hospital[o]	Gen	NPAssn	121	29	220	91	2,475
Boston, 781,188—Suffolk							
Adams Nervine	Nerv	Corp	20	..	..	20	140
Bay State Hospital	Gen	Corp	20	6	45	9	222
Bay State Hospital[o]	Gen	Corp	20	6	45	9	222
Boston City Hospital[o][o]	Gen	City	1,200	160	2,000	1,041	22,000
Boston Floating Hospital[o]	Chil	NPAssn	30	..	..	28	1,270
Boston Lying-In Hospital[o]	Mat	NPAssn	217	217	2,500	125	4,000
Boston Psychopathic Hosp.[o]	Ment	State	125	..	..	114	1,000
Boston State Hospital[o]	Ment	State	2,400	..	..	1,800	1,000
Carney Hospital[o][o]	Gen	Church	150	24	200	92	2,500
Channing House	TB	NPAssn	30	..	..	25	52
Children's Hospital[o]	Chil	NPAssn	250	..	..	200	5,700
Collis P. Huntington Memorial Hospital[o]	H&Cn	NPAssn	25	y	..	14	1,541
Dispensary Hospital of the Massachusetts Society for Medical Research	Gen	NPAssn	20	..	..	10	721
Emerson Hospital	Gen	Corp	25	15	132	15	742
Evangeline Booth Maternity Hospital and Home	Mat	Church	60	20	421	24	900
Faulkner Hospital[o][o]	Gen	NPAssn	150	30	450	110	5,000
Forsyth Dental Infirmary	Spec	Part	40	1	25	25	975
Gaudet Hospital	H&M	Corp	70	..	..	72	150
Greater Boston Silver Cholera Hospital	Chr	NPAssn	60	..	..	20	75
Harley Private Hospital[o]	Gen	Corp	20	11	25	8	1,075
Hart Hospital[o]	Gen	Corp	47	25	70	11	600
Home of the Good Samaritan	Orth	NPAssn	20	..	..	18	100
Islands' Hospital[o]	Gen	Corp	20	4	25	10	600
Long Island Hospital[o][o]	Gen	City	467	1	25	42	1,700
MacLeod Hospital	Gen	Corp	25	1	25	9	250
Massachusetts Eye and Ear Infirmary[o]	ENT	NPAssn	210	12	..	148	7,276
Massachusetts General Hospital[o][o]	Gen	NPAssn	450	..	..	372	9,120
Massachusetts General Hospital, Bulfinch Building	Gen	NPAssn	250	21	467	139	4,450
Massachusetts General Hospital, Phillips House	Gen	NPAssn	70	21	100	57	1,730
Massachusetts Memorial Hospitals[o][o]	Gen	NPAssn	225	25	325	205	6,125
Massachusetts Women's Hosp.[o]	Gen	NPAssn	125	25	125	125	3,250
New England Baptist Hosp.[o]	Gen	NPAssn	150	25	125	150	3,254
New England Deaconess Hospitals[o][o]	Gen	Church	225	..	..	167	5,112
New England Hospital for Women and Children[o]	Gen	NPAssn	125	75	1,145	105	4,121
Peter Bent Brigham Hosp.[o][o]	Gen	NPAssn	500	..	..	377	6,572
Pratt Diagnostic Hospital	Gen	NPAssn	25	..	9	4	1,000
Robert Breck Brigham Hosp.	Gen	NPAssn	115	..	..	85	854
St. Elizabeth's Hospital[o][o]	Gen	Church	250	60	725	250	4,125
St. Margaret's Hospital[o]	Gen	Church	75	25	250	69	1,971
St. Mary's Maternity Hospital	Mat	Church	60	25	125	25	1,000
Salvation Army Danbury Hospital and Clinic	Gen	Church	20	9	65	15	750
Sanatorium Division of Boston City Hospital	TB	City	625	..	..	324	325
South Dept. for Infectious Diseases of the Boston City Hospital	(Included in Boston City Hospital)						
Vincent Memorial Hospital	Gen	NPAssn	75	..	..	50	250
Bridgewater, 6,551—Plymouth							
Bridgewater State Hospital	Ment	State	900	..	..	900	65

MASSACHUSETTS—Continued

Hospitals and Sanatoriums	Type of Hospital	Control	Bed Capacity	Bassinets	Nurses in Training	Average Daily Census	Patients Admitted
Brockton, 63,797—Plymouth							
Brockton Hospital[o]	Gen	NPAssn	121	27	324	92	2,548
Goddard Hospital[o]	Gen	Corp	52	15	228	42	1,455
Moore Hospital	Gen	Indiv	25	9	64	12	410
Brookline, 47,490—Norfolk							
Beaconess Hospital	Nerv	Indiv	12	..	..	11	None supplied
Brookline General Hospital	Gen	NPAssn	60	12	No data supplied		
Brooks Hospital	Gen	Corp	60	..	..	52	967
Carey Hill Hospital	Gen	NPAssn	21	..	..	21	271
Fox Hospital for Women	Gyn	NPAssn	27	..	..	24	1,022
Trudeau Hospital	Gen	NPAssn	60	16	..	37	1,000
Cambridge, 113,643—Middlesex							
Cambridge City Hospital[o]	Gen	City	250	24	225	225	5,100
Cambridge Hospital	Gen	NPAssn	125	25	125	125	5,000
Cambridge Sanatorium	TB	City	60	..	..	60	82
Charlesgate Hospital	Gen	NPAssn	25	12	9	10	250
Chester Hospital	Gen	Corp	60	30	171	31	687
Canton, 6,564—Norfolk							
Canton Hospital School Orth		State	300	..	..	201	300
Chelsea, 43,566—Suffolk							
Captain John Adams Hospital of Boston	Gen	State	241	..	..	191	600
Chelsea Memorial Hospital[o]	Gen	NPAssn	125	25	225	125	5,000
U. S. Marine Hospital	Gen	USPHS	157	..	..	142	1,452
U. S. Naval Hospital	Nerv	Govt	241	..	..	81	254
Clinton, 12,827—Worcester							
Clinton Hospital[o]	Gen	NPAssn	67	20	177	24	840
Cohasset, 3,625—Norfolk							
Cohasset Private Hospital	Gen	Corp	24	9	62	11	201
Concord, 7,477—Middlesex							
Emerson Hospital	Gen	NPAssn	25	12	127	16	824
Valentine	Nerv	Indiv	25	..	..	11	127
Dorchest, 12,257—Suffolk							
Dorchest Memorial Hospital	Gen	City	17	6	60	10	200
Everett, 63,644—Middlesex							
Whidden Memorial Hospital[o]	Gen	NPAssn	95	21	462	67	2,500
Fall River, 114,974—Bristol							
Fall River General Hospital[o]	G&TB	City	221	..	..	202	1,125
St. Anne's Hospital[o]	Gen	Church	125	25	225	80	3,500
Truesdale Hospital[o]	Gen	NPAssn	115	25	225	71	2,525
Union Hospital[o]	Gen	NPAssn	150	30	300	115	3,937
Fitchburg, 41,096—Worcester							
Burbank Hospital	Gen	NPAssn	160	32	457	142	3,671
Forest Hills, (Boston P.O.)—Suffolk							
Forest Hills Hospital	Gen	Corp	115	25	No data supplied		
Ft. Devens, (Ayer P.O.)—Middlesex							
Station Hospital	Gen	Army	60	..	..	20	1,370
Foxboro, 5,347—Norfolk							
Foxboro State Hospital	Ment	State	1,170	..	..	1,120	221
Framingham, 28,455—Middlesex							
Framingham Union Hospital[o]	Gen	Corp	120	30	272	80	3,304
Gardner, 19,258—Worcester							
Gardner State Colony[o]	Ment	State	1,242	..	..	1,222	122
Henry Heywood Memorial Hospital[o]	Gen	NPAssn	100	19	220	67	1,200
Great Barrington, 5,051—Berkshire							
Addison Gilbert Hospital[o]	Gen	NPAssn	75	15	102	39	1,079
Great Barrington, 5,051—Berkshire							
Fairview Hospital	Gen	Corp	30	15	92	21	801
Greenfield, 15,597—Franklin							
Franklin County Public Hosp.[o]	Gen	NPAssn	85	17	121	39	1,140
Groton, 3,651—Middlesex							
Groton Hospital	Gen	Indiv	14	6	22	4	175
Hathorne, 171—Essex							
Danvers State Hospital[o][o]	Ment	State	2,200	..	..	2,101	911
Haverhill, 49,710—Essex							
Hale Hospital	Gen	Indiv	25	3	12	15	272
Haverhill Municipal Hospital	Gen	City	100	15	275	68	2,971
Haydenville, 1,220—Hampshire							
Hampshire County Sanatorium	TB	County	100	..	..	80	94
Hingham, 6,180—Plymouth							
Elmhurst Hospital and Sanit.	Nerv	Indiv	10	..	..	10	34
Holden, 3,971—Worcester							
Boston District Hospital	Gen	NPAssn	20	6	70	14	604
Holyoke, 54,427—Hampden							
Holyoke Hospital[o]	Gen	NPAssn	125	29	221	72	2,600
Holyoke Tuberculosis Sanat.	TB	City	75	..	..	55	70
Providence Hospital[o]	Gen	Church	115	25	250	105	4,845
Ipswich, 5,129—Essex							
Cape Cod Hospital	Gen	Corp	45	12	102	25	845
Ipswich, 5,129—Essex							
Ipswich Sanitary Cable Memorial Hospital	Gen	NPAssn	25	7	20	14	200
Lawrence, 84,499—Essex							
Clover Hill Hospital	Gen	Corp	20	5	112	15	225
Lawrence General Hospital[o]	Gen	NYAss	125	20	227	62	2,722
Lawrence Memorial Hospital	Gen	City	60	7	120	45	1,205
Leominster, 21,820—Worcester							
Leominster Hospital[o]	Gen	NPAssn	61	12	121	31	1,175
Lowell, 100,234—Middlesex							
Lowell General Hospital[o]	Gen	NPAssn	120	30	220	71	2,304
St. John's Hospital[o][o]	Gen	Church	140	28	228	102	3,240
St. Joseph's Hospital[o][o]	Gen	Church	90	16	217	62	2,021
Shaw Hospital	Gen	Indiv	20	7	62	9	152
Ludlow, 5,676—Hampden							
Ludlow Hospital	Gen	Corp	20	11	30	6	621
Lynn, 102,320—Essex							
Lynn Hospital[o][o]	Gen	NPAssn	120	45	612	114	4,000
Union Hospital	Gen	NPAssn	65	16	225	55	1,800
Malden, 59,324—Middlesex							
Malden Hospital[o]	Gen	NPAssn	107	42	324	67	2,445
Marblehead, 5,629—Essex							
Mary A. Alley Emergency Hosp.	Gen	City	15	8	32	11	402
Marlboro, 15,537—Middlesex							
Marlboro Hospital	Gen	NPAssn	50	22	212	27	924

Key to symbols and abbreviations is on page 1091

MASSACHUSETTS—Continued

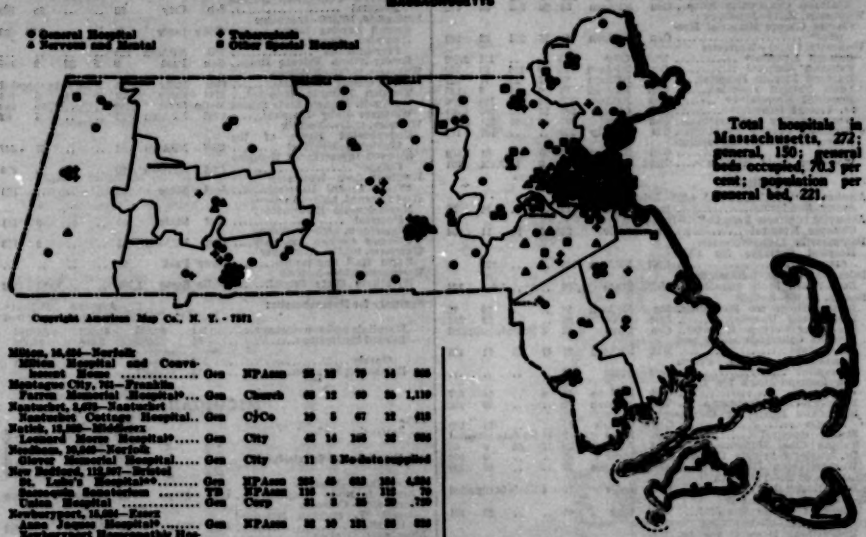
Hospitals and Sanatoriums								
Medfield, 4,020—Norfolk								
Medfield State Hospital[3•]	Ment	State	1,550	..	..	1,770	220	
Medford, 59,714—Middlesex								
Lawrence Memorial Hospital[3]	Gen	NFAsm	75	24	693	30	1,005	
Melrose, 28,170—Middlesex								
Melrose Hospital[3]	Gen	NFAsm	105	19	230	70	1,855	
New England Sanitarium and Hospital[3]	Gen	Church	125	17	345	70	1,501	
Middleboro, 6,040—Plymouth								
Lakeville State Sanatorium	TB	State	294	..	..	325	325	
St. Luke's Hospital	Gen	NFAsm	25	1	13	7	225	
Middleton, 1,772—Essex								
Essex Sanatorium[3]	TB	County	100	..	..	101	100	
Milford, 24,710—Worcester								
Milford Hospital[3]	Gen	NFAsm	65	10	104	32	1,100	
Milton, 16,484—Norfolk:								
Milton Hospital and Convalescent Home	Gen	NFAsm	25	12	79	14	225	
Montague City, 700—Franklin								
Farren Memorial Hospital[3]	Gen	Church	62	12	99	25	1,110	
Nantucket, 3,463—Nantucket								
Nantucket Cottage Hospital	Gen	C/Co	10	5	67	12	615	
Natick, 13,866—Middlesex								
Leonard Morse Hospital[3]	Gen	City	62	14	165	32	955	
Needham, 10,660—Norfolk								
Glover Memorial Hospital	Gen	City	11	5	No data supplied			
New Bedford, 112,597—Bristol								
St. Luke's Hospital[3•]	Gen	NFAsm	225	45	653	125	4,525	
Sanatorium	TB	NFAsm	110	..	..	110	110	
Union Hospital	Gen	Corp	21	5	25	20	1,100	
Newburyport, 15,634—Essex								
Anna Jaques Hospital[3]	Gen	NFAsm	52	10	120	52	650	
Newburyport Homeopathic Hospital	Gen	NFAsm	25	5	40	11	225	
Newton, 65,276—Middlesex								
Newton Hospital[3]	Gen	NFAsm	244	45	710	220	4,054	
North Adams, 21,621—Berkshire								
North Adams Hospital[3]	Gen	NFAsm	70	20	225	45	1,450	
Northampton, 24,531—Hampshire								
Cooley Dickinson Hospital[3]	Gen	NFAsm	122	24	300	70	2,227	
Veterans Admin. Facility	Ment	Vet	611	..	..	625	150	
Northampton State Hospital	Ment	State	1,561	..	..	1,561	548	
North Dighton, 1,520—Bristol								
St. Hope Hospital	Gen	Corp	14	9	55	6	144	
North Grafton, 2,345—Worcester								
Grafton State Hospital[3•]	Ment	State	1,550	..	..	1,611	170	
North Walpole, 670—Middlesex								
North Reading State Sanat.	TB	State	257	..	..	259	255	
Norwood, 16,628—Norfolk								
Norwood Hospital	Gen	NFAsm	69	20	247	61	2,454	
Oak Bluffs, 1,826—Dukes								
Martha's Vineyard Hospital	Gen	NFAsm	12	10	77	10	410	
Palmer, 5,577—Hampden								
Monson State Hospital[3•]	Epil	State	1,112	..	..	1,422	322	
Wing Memorial Hospital	Gen	NFAsm	30	6	84	35	240	
Peabody, 21,346—Essex								
Josiah B. Thomas Hospital[3]	Gen	City	62	12	227	54	668	
Pittsfield, 49,677—Berkshire								
Hillcrest Hospital	Gen	NFAsm	45	10	142	25	825	
Pittsfield Gen. Hospital[3]	Gen	NFAsm	150	31	370	72	2,225	
St. Luke's Hospital[3•]	Gen	Church	125	25	325	75	1,250	
Plymouth, 12,662—Plymouth								
Jordan Hospital	Gen	NFAsm	62	10	122	27	627	
Pocasset, 600—Barnstable								
Barnstable County Sanat.	TB	County	62	..	..	80	177	
Quincy, 71,983—Norfolk								
Quincy City Hospital[3•]	Gen	City	240	60	880	134	4,774	
Rutland, 2,442—Worcester								
Central Mass Tuberculosis Sanat.	TB	NFAsm	100	..	..	40	40	
Rutland State Sanatorium[3•]	TB	State	250	..	..	251	251	

MASSACHUSETTS—Continued

Hospitals and Sanatoriums								
Rutland Heights—Worcester								
Veterans Admin. Facility	TB	Vet	671	..	..	201	200	
Salem, 41,556—Essex								
North Shore Babies' Hospital	Chil	NFAsm	50	..	..	51	200	
Salem Hospital[3]	Gen	NFAsm	150	35	450	150	2,211	
Sharon, 2,550—Norfolk								
Bolduc Sanatorium	TB	Indiv	20	..	..	4	4	
Sharon Sanatorium	TB	NFAsm	25	..	..	24	25	
Somerville, 102,177—Middlesex								
Central Hospital	Gen	Indiv	50	15	150	25	1,250	
Somerville Hospital[3•]	Gen	NFAsm	115	25	325	65	1,225	
South Braintree, 2,500—Norfolk								
Norfolk County Hospital	TB	County	100	..	..	107	110	
Southbridge, 14,566—Worcester								
Huntington Memorial Hospital	Gen	NFAsm	40	8	71	21	705	

MASSACHUSETTS

● General Hospital
▲ Nervous and Mental
◆ Tuberculosis
■ Other Special Hospital



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Total hospitals in Massachusetts, 272; general, 150; general beds occupied, 76.3 per cent; population per general bed, 221.

Hospitals and Sanatoriums								
Milton, 16,484—Norfolk:								
Milton Hospital and Convalescent Home	Gen	NFAsm	25	12	79	14	225	
Montague City, 700—Franklin								
Farren Memorial Hospital[3•]	Gen	Church	62	12	99	25	1,110	
Nantucket, 3,463—Nantucket								
Nantucket Cottage Hospital	Gen	C/Co	10	5	67	12	615	
Natick, 13,866—Middlesex								
Leonard Morse Hospital[3]	Gen	City	62	14	165	32	955	
Needham, 10,660—Norfolk								
Glover Memorial Hospital	Gen	City	11	5	No data supplied			
New Bedford, 112,597—Bristol								
St. Luke's Hospital[3•]	Gen	NFAsm	225	45	653	125	4,525	
Sanatorium	TB	NFAsm	110	..	..	110	110	
Union Hospital	Gen	Corp	21	5	25	20	1,100	
Newburyport, 15,634—Essex								
Anna Jaques Hospital[3]	Gen	NFAsm	52	10	120	52	650	
Newburyport Homeopathic Hospital	Gen	NFAsm	25	5	40	11	225	
Newton, 65,276—Middlesex								
Newton Hospital[3•]	Gen	NFAsm	244	45	710	220	4,054	
North Adams, 21,621—Berkshire								
North Adams Hospital[3]	Gen	NFAsm	70	20	225	45	1,450	
Northampton, 24,531—Hampshire								
Cooley Dickinson Hospital[3]	Gen	NFAsm	122	24	300	70	2,227	
Veterans Admin. Facility	Ment	Vet	611	..	..	625	150	
Northampton State Hospital	Ment	State	1,561	..	..	1,561	548	
North Dighton, 1,520—Bristol								
St. Hope Hospital	Gen	Corp	14	9	55	6	144	
North Grafton, 2,345—Worcester								
Grafton State Hospital[3•]	Ment	State	1,550	..	..	1,611	170	
North Walpole, 670—Middlesex								
North Reading State Sanat.	TB	State	257	..	..	259	255	
Norwood, 16,628—Norfolk								
Norwood Hospital	Gen	NFAsm	69	20	247	61	2,454	
Oak Bluffs, 1,826—Dukes								
Martha's Vineyard Hospital	Gen	NFAsm	12	10	77	10	410	
Palmer, 5,577—Hampden								
Monson State Hospital[3•]	Epil	State	1,112	..	..	1,422	322	
Wing Memorial Hospital	Gen	NFAsm	30	6	84	35	240	
Peabody, 21,346—Essex								
Josiah B. Thomas Hospital[3•]	Gen	City	62	12	227	54	668	
Pittsfield, 49,677—Berkshire								
Hillcrest Hospital	Gen	NFAsm	45	10	142	25	825	
Pittsfield Gen. Hospital[3]	Gen	NFAsm	150	31	370	72	2,225	
St. Luke's Hospital[3•]	Gen	Church	125	25	325	75	1,250	
Plymouth, 12,662—Plymouth								
Jordan Hospital	Gen	NFAsm	62	10	122	27	627	
Pocasset, 600—Barnstable								
Barnstable County Sanat.	TB	County	62	..	..	80	177	
Quincy, 71,983—Norfolk								
Quincy City Hospital[3•]	Gen	City	240	60	880	134	4,774	
Rutland, 2,442—Worcester								
Central Mass Tuberculosis Sanat.	TB	NFAsm	100	..	..	40	40	
Rutland State Sanatorium[3•]	TB	State	250	..	..	251	251	
South Dartmouth, 1,515—Bristol								
Soldiers' Memorial Hospital for Children	Orth	NFAsm	100	..	..	55	90	
South Hanson, 821—Plymouth								
Plymouth County Hospital	TB	County	125	..	..	112	100	
Springfield, 162,399—Hampden								
City Hospital	Gen	City	125	12	17	57	275	
Health Department Hospitals	Tbc	City	115	..	..	115	115	
Mercy Hospital[3•]	Gen	Church	125	15	225	55	1,707	
Shriners Hospital for Crippled Children[3•]	Orth	Frat	40	..	..	40	200	
Springfield Hospital	Gen	NFAsm	50	6	3	102	1,200	
Wesson Maternity Hospital	Mat	NFAsm	42	40	1,047	42	1,047	
Wesson Memorial Hospital[3•]	Gen	NFAsm	150	..	..	65	2,225	
Stockbridge, 1,705—Berkshire								
Austen Riggs Foundation	Nerv	NFAsm	20	..	..	27	272	
Taunton, 37,437—Bristol								
Morton Hospital[3•]	Gen	NFAsm	62	12	180	20	1,644	
Taunton State Hospital[3•]	Ment	State	1,545	..	..	1,551	552	
Tewksbury, 1,885—Middlesex								
State Infirmary[3•]	Gen	State	2,110	69	172	2,000	2,000	
Vineyard Haven, 1,895—Dukes								
U. S. Marine Hospital	Gen	USPHS	24	..	..	22	150	
Walpole, 1,575—Norfolk								
Pondville Hospital[3]	Ca	State	122	..	..	110	1,200	
Waltham, 39,567—Middlesex								
Metropolitan State Hospital	Ment	State	1,547	..	..	1,550	550	
Middlesex County Sanatorium[3]	TB	County	225	..	..	225	225	
Waltham Hospital[3•]	Gen	NFAsm	150	31	425	70	2,250	
Ware, 7,566—Hampshire								
Mary Lane Hospital	Gen	NFAsm	25	12	225	10	625	
Webster, 12,222—Worcester								
Webster District Hospital	Gen	NFAsm	20	7	24	17	4,544	
Wellesley, 11,470—Norfolk								
Cheever Sanatorium	N&M	Corp	25	..	..	21	27	
Wyman Sanatorium	N&M	Corp	25	..	..	..	..	

Key to symbols and abbreviations is on page 1024

MASSACHUSETTS—Continued

Hospitals and Sanatoriums	Ownership	Type	Beds	Bassinets	Nurses	Interns	Patients Admitted	Patients Days
Waltham, 6,442—Worcester								
Waltham State Hospital*	Ment	State	1,804	..	..	..	1,333	502
Watchill, 10,775—Hampden								
Noble Hospital*	Gen	NPAss	91	17	110	27	914	
Watchill State Sanatorium*	TB	State	170	..	..	331	140	
Westwood, 2,897—Norfolk								
Westwood Lodge	N&M	Corp	21	..	..	15	15	
Weymouth, 20,402—Norfolk								
Weymouth Hospital	Gen	NPAss	60	10	207	24	1,599	
Whitinsville, 4,402—Worcester								
Whitinsville Hospital	Gen	Corp	15	7	60	15	602	
Winchendon, 4,021—Worcester								
Ellis River Hospital	Gen	Corp	25	6	37	14	600	
Winchester, 10,170—Middlesex								
Winchester Hospital	Gen	NPAss	65	10	220	29	957	
Winthrop, 14,093—Suffolk								
Grafton Hospital	Gen	Assn	100	5	52	71	617	
Winthrop Cottage Hosp.	Gen	NPAss	25	20	220	19	575	
Woburn, 18,770—Middlesex								
Charles Choate Memorial Hospital*	Gen	NPAss	61	19	284	32	709	
Worcester, 193,394—Worcester								
Belmont Hospital*	Tbc	City	275	..	..	121	1,265	
Fairlawn Hospital	Gen	NPAss	65	10	110	23	752	
Harvard Private Hospital	Gen	NPAss	25	7	20	11	287	
Lock Ward Hospital	Gen	NPAss	25	6	19	8	243	
Memorial Hospital*†	Gen	NPAss	250	30	600	110	6,112	
St. Vincent Hospital*†	Gen	Church	225	25	225	210	6,761	
Worcester City Hospital*	Gen	City	250	60	1,291	213	6,685	
Worcester County Hospital	TB	County	150	..	..	107	115	
Worcester Memorial Hospital*	Gen	NPAss	211	39	475	61	1,629	
Worcester State Hospital*	Ment	State	2,250	6	12	2,251	651	

Related Institutions

Amesbury (Now Included P.O.), 4,886—Essex								
Ashby Sanatorium	Inst	Indiv	17	..	..	12	39	
Ashfield (Chesque Falls P.O.),—Hampden								
Chesque Hospital	Gen	Indiv	25	6	20	11	254	
Bakersville, 2,250—Worcester								
Hospital Cottage for Children	Chil	NPAss	125	..	..	101	29	
Bakersville, 2,250—Worcester								
Bakersville State School*	MeDe	State	1,500	..	..	1,250	101	
Boston, 781,188—Suffolk								
Boston Home for Incurables	Inc	NPAss	80	..	..	82	10	
Deer Island Hospital	Inst	CyCo	25	..	..	25	282	
Dorchester Cottage Hospital	Gen	Corp	12	2	No data supplied			
Prison Cottages House and Hospital	Mat	NPAss	21	47	25	11	109	
Massachusetts State Prison Hospital	Inst	State	40	..	..	..	..	
New England Home for Little Wanderers	Inst	NPAss	44	6	..	10	277	
Presidingent Preventorium	TB	NPAss	20	..	..	19	106	
St. Luke's House for Convalescents	Conv	Church	25	..	..	11	249	
Sweet Hospital	Gen	Indiv	12	14	No data supplied			
Tufts Coal House	Mat	NPAss	22	17	62	9	62	
Dr. Taylor's Private Hospital	Drug	Indiv	12	..	..	6	230	
Washington, Branch	Alcoh	NPAss	25	..	..	10	252	
Bradford, 60,797—Plymouth								
Dean Hospital	Gen	Indiv	10	4	No data supplied			
Brockton, 47,420—Norfolk								
Board of Health Hospital	Tbc	City	45	..	..	25	101	
Cambridge, 110,879—Middlesex								
Holy Ghost Hospital for Incurables	Inc	Church	215	..	..	204	245	
Mowbray Infirmary	Inst	NPAss	16	..	No data supplied			
Chicopee, 63,252—Hampden								
Health Department Hospital	TB	City	25	..	..	20	19	
Dracut (Lowell P.O.), 6,012—Middlesex								
Hazzard Private Hospital	Mat	Indiv	9	6	20	2	25	
Egypt, 500—Plymouth								
Chiever's Sanitat Hospital	Orth	NPAss	72	..	..	64	191	
Framingham, 21,518—Middlesex								
Reformatory for Women	Inst	State	25	..	3	21	214	
Woodside Cottage	Conv	Corp	15	..	..	10	19	
Greenfield, 15,260—Franklin								
Greenfield Tuberculosis Hospital	Inc	City	20	..	..	1	21	
Haverhill, 49,710—Essex								
Haverhill City Infirmary	Inst	City	64	..	..	64	..	
Haverhill Municipal Hospital	Inc	City	60	..	..	2	205	
Lowell, 100,234—Middlesex								
Chelmsford Street Hospital	Inst	City	145	6	No data supplied			
Lowell Tuberculosis Hospital	Tbc	City	54	..	..	42	..	
Malden, 49,103—Middlesex								
Malden Contagious Hospital	Inc	City	40	..	..	15	170	
Marblehead, 6,420—Essex								
Children's Island Sanitarium	Conv	NPAss	24	..	..	24	104	
Medford, 59,714—Middlesex								
Dearborn Hospital	Conv	Indiv	25	..	..	..	22	
Melrose, 21,620—Essex								
Mary E. Perry Sanitarium	Gen	Indiv	24	7	22	8	624	
Revere, 42,423—Suffolk								
New England Peabody Home for Crippled Children	Tbc	NPAss	100	..	..	92	24	
Woodlawn Sanitarium	Inf	Indiv	20	..	..	5	1	
Norfolk, 1,400—Norfolk								
Hospital of Norfolk State Prison Colony	Inst	State	75	..	..	24	221	
North Adams, 21,621—Berkshire								
Dr. Freeman's Sanitarium	Conv	Indiv	12	..	..	..	..	

MASSACHUSETTS—Continued

Related Institutions	Ownership	Type	Beds	Bassinets	Nurses	Interns	Patients Admitted	Patients Days
Pittsfield, 49,677—Berkshire								
Frederic H. Coolidge Memorial Home	TB	NPAss	8	..	..	4	7	
Pittsfield Anti-Tuberculosis Hospital	TB	NPAss	14	..	..	10	14	
Quincy, 71,983—Norfolk								
Whitehouse Maternity Hosp.	Mat	Indiv	12	12	No data supplied			
Rutland, 2,445—Worcester								
Rutland Cottage Sanatoria	TB	Indiv	115	..	..	15	61	
Salem, 41,620—Essex								
Health Department Hospital for Contagious Diseases	Inc	City	40	..	1	19	194	
Shirley, 2,027—Middlesex								
Industrial School for Boys	Inst	State	24	..	..	7	200	
Somerville, 103,908—Middlesex								
Chandler Street Hospital	Gen	Indiv	13	10	20	1	20	
Somerville Contagious Disease Hospital	Inc	City	60	..	..	15	140	
Springfield, 149,900—Hampden								
Emmet Nursing Home	Conv	Indiv	25	..	..	10	20	
Hampden County Children's Preventorium	TB	NPAss	225	..	..	..	..	
Baker-Wilson Memorial Hosp.	Gen	Part	9	3	22	7	125	
Waltham, 39,057—Middlesex								
Dr. Cooley's Hospital	Gen	Indiv	12	2	No data supplied			
Waltham Lying-In Hospital	Mat	Indiv	10	9	200	6	180	
Walter E. Fernald State School	MeDe	State	1,700	..	..	1,700	180	
Waltham Baby Hospital	Chil	NPAss	12	..	..	7	62	
Wellesley, 11,493—Norfolk								
Convalescent Home of the Children's Hospital	Chil	NPAss	40	..	..	71	447	
Simpson Infirmary of Wellesley College	Inst	NPAss	20	..	..	8	410	
Westboro, 6,450—Worcester								
Lyman School Hospital	Inst	State	20	..	..	..	201	
West Concord, 1,521—Middlesex								
Massachusetts Reformatory Hospital	Inst	State	20	..	..	3	211	
Williamstown, 5,422—Berkshire								
Williams College Infirmary	Inst	NPAss	21	..	..	2	129	
Worcester, 193,211—Worcester								
Beach Hall Sanatorium	Conv	Part	20	..	..	..	..	
Wrentham, 2,241—Norfolk								
Wrentham State School	MeDe	State	1,725	..	..	1,720	122	

Summary for Massachusetts:

	Number	Beds	Average Patients	Patients Admitted
Hospitals and sanatoriums	211	49,125	41,228	223,103
Related institutions	61	7,250	6,210	11,151
Totals	272	56,411	47,438	233,254
Refused registration	10	621		

MICHIGAN

Hospitals and Sanatoriums	Ownership	Type	Beds	Bassinets	Nurses	Interns	Patients Admitted	Patients Days
Adrian, 12,624—Lenawee								
Emma L. Bixby Hospital	Gen	City	35	10	140	19	689	
Albion, 5,324—Calhoun								
James W. Sexton Memorial Hospital	Gen	City	40	10	35	12	489	
Alma, 6,734—Gratiot								
Carney-Wilson Hospital	Gen	Part	20	5	21	12	350	
St. B. Smith Memorial Hosp.	Gen	NPAss	11	4	..	3647	....	
Almena, 12,162—Almena								
Donald McRae Hospital	Gen	NPAss	22	5	10	11	241	
Ann Arbor, 26,944—Washtenaw								
Cowie Hospital	Gen	Indiv	12	1	..	2	120	
Henrywood Sanatorium	N&M	Church	40	..	..	20	127	
St. Joseph's Mercy Hospital*†	Gen	Church	200	15	227	20	2,216	
State Psychopathic Hospital of the University of Mich.*	Ment	State	64	..	..	60	225	
University Hospital*†	Gen	State	1,251	54	254	1,252	22,540	
Bad Axe, 1,242—Huron								
Hubbell Memorial Hospital	Gen	County	32	6	54	16	332	
Battle Creek, 46,578—Calhoun								
American Legion Hospital*	TB	State	225	..	..	102	102	
Battle Creek Sanitarium*†	Gen	NPAss	1,000	..	..	254	5,252	
Calhoun County Poor Hosp.	TB	County	71	..	..	69	62	
Lelia V. Post Montgomery Hospital*	Gen	Church	120	17	107	61	1,502	
Nicholas Memorial Hospital*	Gen	NPAss	75	10	210	62	1,600	
Bay City, 47,355—Bay								
Bay City General Hospital	Gen	City	25	4	64	10	221	
Bay City Samaritan Hospital	Gen	NPAss	45	4	22	14	1,217	
Mercy Hospital*†	Gen	Church	140	16	114	67	1,252	
Benton Harbor, 15,402—Berrien								
Benton Harbor Hospital*	Gen	NPAss	40	10	120	20	1,200	
Big Rapids, 4,671—Mecosta								
Community Hospital	Gen	City	12	4	14	7	202	
Brighton, 1,262—Livingston								
Bolton Hospital	Gen	Indiv	12	4	20	9	220	
Cadillac, 9,570—Wexford								
Mercy Hospital	Gen	Church	45	9	60	21	1,014	
Wexford County Hospital	G&TB	County	20	..	No data supplied			
Calumet, 1,252—Houghton								
Calumet and Hecla Hospital	Indus	Corp	20	..	..	10	467	
Camp Custer—Kalamazoo								
Veterans Admin. Facility	Ment	Vet	625	..	..	250	250	

Key to symbols and abbreviations is on page 1091

MICHIGAN—Continued

Hospitals and Sanatoriums	Class	Control	Beds	Bassinets	Cribs	Patients	Admissions	Births
Cass, 1,354—Tuscola								
Cass City Community Hospital	Gen	City	21	1	14	7	240	
Centreville, 1,446—Cass								
McCarthur Hospital	Gen	Part	9	4	10	4	167	
Charlotte, 5,597—Eaton								
Hayes-Green Memorial Hosp.	Gen	County	31	5	45	6	610	
Coldwater, 6,726—Branch								
Wade Memorial Hospital	Gen	Indiv	25	2	15	11	340	
Crystal Falls, 1,482—Iron								
Crystal Falls General Hospital	Gen	Indiv	14	2	15	1	157	
Dearborn, 63,589—Wayne								
St. Joseph's Retreat[99]	N&M	Church	225	..	..	185	351	
Detroit, 1,568,662—Wayne								
Herman Kiefer Hosp. (col.)	TB	NFAssn	65	..	..	60	172	
Charles Godwin Jennings Hospital	Gen	NFAssn	25	6	20	25	325	
Catholic Hospital	Gen	NFAssn	25	..	..	25	325	
Children's Hospital[99]	Chl	NFAssn	100	..	..	225	6,575	
City of Detroit Receiving Hospital[99]	Gen	City	700	14	..	675	21,000	
City of Detroit Receiving Hospital (Medical Branch)	Gen	City	25	..	..	25	1,567	
Colman Hospital	Gen	NFAssn	25	10	25	25	1,000	
Emory General Hospital	Gen	NFAssn	25	15	..	25	1,000	
Herman Kiefer Hosp. (col.)	TB	NFAssn	150	..	..	150	172	
Ford Hospital	Gen	NFAssn	25	10	25	25	1,000	
Grace Hospital[99]	Gen	Church	125	20	125	125	1,500	
Harper Hospital[99]	Gen	NFAssn	225	30	225	225	1,500	
Providence Hospital[99]	Gen	Church	225	30	225	225	1,500	
Receiving Hospital[99]	Gen	City	1,000	60	1,000	1,000	25,000	
Sanitarium Clinic and Hospital[99]	Gen	NFAssn	100	7	50	100	1,000	
Lincoln Hospital	Gen	NFAssn	25	6	25	25	1,000	
Maternity Hospital	Mat	NFAssn	25	10	25	25	1,000	
Parkside Hospital (col.)	Gen	NFAssn	25	10	25	25	1,000	
Pingree General Hospital	Gen	City	25	10	25	25	1,000	
Providence Hospital[99]	Gen	County	225	30	225	225	1,500	
St. Antoine Hospital[99]	Gen	Church	225	30	225	225	1,500	
St. Mary's Hospital[99]	Gen	Church	225	30	225	225	1,500	
Ruby Fye, Nee Rose and Vivian Hospital	EYE	Indiv	25	2	2	25	1,000	
Shelton Hospital	Gen	Assn	25	10	25	25	1,000	
U. S. Marine Hospital	Gen	USPHS	150	..	..	25	1,000	
Warren Avenue Diagnostic Hospital	Gen	Indiv	25	2	20	2	....	
West Side Hospital	Gen	Indiv	25	2	20	No data reported		
Women's Hospital[99]	Mat	NFAssn	225	100	1,000	25	1,000	
Dowagiac, 5,325—Cass								
Lee Memorial Hospital	Gen	Church	25	4	25	9	650	
Durand, 2,021—Shiawassee								
Durand Hospital	Gen	NFAssn	25	4	20	5	165	
Eaton Rapids, 2,611—Eaton								
Harriet Chapman Memorial Hospital	Gen	Indiv	17	2	20	2	291	
Eloise, 750—Wayne								
Eloise Hospital for Mental Diseases	N&M	County	2,500	..	..	2,700	350	
Dr. William J. Seymour Hospital[99]	Gen	County	1,500	..	..	2 1,100	7,000	
Escanaba, 14,354—Delta								
Lehrs Hospital	Gen	Indiv	25	..	No data reported			
St. Francis Hospital	Gen	Church	100	20	100	25	1,000	
Flint, 151,543—Genesee								
Hurley Hospital[99]	Gen	City	225	25	225	225	1,500	
St. Joseph Hospital	Gen	Church	125	25	225	125	1,500	
Women's Hospital	Gen	NFAssn	25	10	225	25	225	
Fremont, 3,127—Newaygo								
Gerber Memorial Hospital	Gen	City	25	5	25	5	670	
Gaylord, 2,—Otsego								
Swedish General Hospital	Gen	Corp	25	5	25	5	625	
Grand Haven, 5,545—Ottawa								
Elizabeth Hutton Memorial Hospital	Gen	City	20	6	20	5	325	
Mart, 1,259—Oceana								
Oceana Hospital	Gen	NFAssn	20	6	24	5	600	
Menominee, 9,297—Menominee								
Peninsula Hospital	Gen	NFAssn	27	6	100	10	900	
Highland Park, 46,499—Wayne								
Highland Park General Hospital[99]	Gen	City	150	24	240	25	1,000	
Hillsdale, 1,997—Hillsdale								
Hillsdale Hospital	Gen	City	25	6	25	5	425	
Holland, 14,606—Ottawa								
Holland City Hospital	Gen	City	45	15	112	15	624	
Houghton, 8,197—Houghton								
Copper Country Sanatorium	TB	County	50	..	..	52	57	
Howell, 3,021—Livingston								
Northern Central Hospital	Gen	City	25	7	25	10	317	
Michigan State Sanatorium[99]	TB	State	25	..	..	25	125	
Hudson, 3,321—Lenawee								
Hudson General Hospital	Gen	City	21	4	20	4	170	
Ionia, 4,822—Ionia								
Ionia State Hospital	Ment	State	225	..	..	225	114	
Iron Mountain, 11,425—Dickinson								
Iron Mountain General Hosp.	Gen	NFAssn	25	9	..	..	....	
Ironwood, 14,529—Gogebic								
Grand View Hospital	G&TB	County	115	6	25	21	225	
Newport Hospital	Gen	NFAssn	11	2	10	3	225	
Twin City Hospital	Gen	Indiv	25	6	25	15	225	

● General Hospital
▲ Nervous and Mental
■ Tuberculosis
◆ Other Special Hospital

Total hospitals in Michigan, 242; general, 153; general beds occupied, 54.8 per cent; population per general bed, 350.

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Key to symbols and abbreviations is on page 1024

MICHIGAN—Continued

Hospitals and Sanitariums	Ownership	Location	Bassinets	Beds	Births	Admissions	Patients
Ishpeming, 8,539—Marquette							
Ishpeming Hospital	Gn	Corp	37	0	69	14	69
Jackson, 48,374—Jackson							
W. A. Foote Memorial Hosp.**	Gn	City	145	32	240	625	4,648
Jackson County Sanatorium*	TB	County	24	..	..	65	24
Mercy Hospital*	Gn	Church	105	45	242	0	2,775
Kalamazoo, 54,796—Kalamazoo							
Borgess Hospital**	Gn	Church	224	97	625	710	5,566
Bronson Methodist Hospital*	Gn	Church	112	55	255	0	2,045
Retirement Hospital	TB	County	24	..	..	0	24
Veterans' Facility*	Mil	State	2,100	..	..	2,707	700
Lake Linden, 1,714—Houghton							
Lake Linden General Hosp..	Gn	HPAss	12	0	30	7	130
Lakeview, 1,207—Montcalm							
Town Hospital	Gn	Indiv	11	0	0	4	30
Lansing, 78,397—Ingham							
Edward W. Sparrow Hosp.**	Gn	HPAss	112	30	651	32	1,712
Retirement Hospital	TB	County	120	..	..	0	120
St. Lawrence Hospital*	Gn	Church	100	50	..	0	1,500
Laurium, 4,092—Houghton							
Calumet General Hospital	Gn	HPAss	20	5	65	0	65
Lawton, 2,020—Van Buren							
Lawton General Hospital	Gn	HPAss	22	2	25	11	60
Ludington, 8,076—Mason							
Mercy Hospital and Sanit.	Gn	Church	24	6	70	25	1,000
Manistee, 8,117—Manistee							
Manistee General Hospital	Gn	Indiv	20	2	25	10	100
Manistique, 3,225—Schoolcraft							
Osborn Memorial Hospital	Indus	Indiv	10	..	No data supplied		
Marquette, 14,321—Marquette							
Northern Michigan Sanatorium*	TB	County	30	..	..	32	1,111
St. Luke's Hospital*	Gn	HPAss	60	15	180	0	1,800
St. Mary's Hospital	Gn	Church	60	12	150	0	600
Marshall, 5,060—Calhoun							
Oak Lawn Hospital	Gn	HPAss	12	4	60	7	100
Menominee, 10,063—Menominee							
St. Joseph Hospital	Gn	Church	30	11	167	30	1,100
Monroe, 10,125—Monroe							
Mercy Hospital	Gn	Church	30	15	75	15	600
Monroe Hospital	Gn	HPAss	30	0	75	30	1,100
Mt. Clemens, 12,637—Macomb							
St. Joseph's Hospital and Sanitarium*	Gn	Church	150	12	300	60	1,450
Station Hospital	Gn	Army	25	..	..	15	314
Mt. Pleasant, 4,511—Isabella							
Presbyterian Hospital Hosp.	Gn	Fed.	20	4	60	12	120
St. Francis General Hospital	Gn	Indiv	25	2	No data supplied		
Munising, 2,018—Alger							
Munising Hospital	Gn	HPAss	10	2	42	12	60
Muskegon, 47,697—Muskegon							
Hackley Hospital*	Gn	HPAss	225	17	625	61	2,225
Hackley Sanatorium*	TB	County	60	14	125	21	1,000
Muskegon County Sanatorium	TB	County	70	..	..	24	40
Negaunee, 4,545—Marquette							
Twin City Hospital	Gn	Fort	15	3	No data supplied		
Newberry, 2,455—Luce							
Newberry State Hospital	Ment	State	1,500	..	..	1,107	500
Newberry Sanitarium Hospital	Gn	Fort	15	10	50	4	200
Niles, 11,326—Berrien							
Pioneers Memorial	Gn	HPAss	15	10	75	11	100
North Dells, Wayne,							
East Lawn Sanatorium	TB	Indiv	60	..	..	60	60
Wm. H. Maybury Sanatorium*	TB	City	65	..	..	65	65
Norway, 4,000—Dickinson							
Iron Mountain Mine Co. Hospital	Gn	Corp	15	3	87	7	100
Ontonagon, 1,567—Ontonagon							
Ontonagon Hospital	Gn	Indiv	15	4	No data supplied		
Otsego, 3,197—Allegan							
Pine Crest Sanatorium	TB	Corp	150	..	..	100	81
Ottawa, 14,626—Shiawassee							
Memorial Hospital	Gn	HPAss	20	10	300	24	1,700
Petoskey, 5,792—Emmet							
Petoskey General Hospital	Gn	City	20	6	75	20	224
Petoskey Hospital	Gn	HPAss	20	6	75	20	225
Pinckney, 625—Livingston							
Pinckney Sanitarium	Gn	Indiv	6	4	24	2	150
Plymouth, 3,529—Wayne							
Wm. Oliver Hospital	Gn	City	10	6	21	12	60
Pontiac, 64,928—Oakland							
Oakland County Contagious Hospital	Inc	County	25	..	..	21	700
Oakland County Tuberculosis Sanatorium	TB	County	150	..	..	16	213
Pontiac General Hospital	Gn	City	70	25	650	150	5,000
Pontiac State Hospital*	Ment	State	1,700	..	..	1,700	1,700
St. Joseph Mercy Hospital*	Gn	Church	175	11	350	0	2,775
Port Huron, 31,846—St. Clair							
Port Huron Hospital	Gn	HPAss	30	10	132	0	1,000
Powers, 500—Menominee							
Pinecrest Sanatorium	TB	County	100	..	..	22	27
Reed City, 1,702—Osceola							
Reed City Hospital	Gn	HPAss	12	4	20	10	100
Royal Oak, 30,893—Oakland							
Royal Oak Private Hospital	Gn	Indiv	10	4	20	12	67
Saginaw, 80,715—Saginaw							
Saginaw City Hospital	Gn	City	30	5	60	30	600
Saginaw County Contagious Hospital	Inc	County	75	..	..	24	200
Saginaw County Tuberculosis Hospital	TB	County	50	..	..	25	25
Saginaw General Hospital*	Gn	Church	150	50	..	0	2,500
St. Luke's Hospital*	Gn	Church	100	11	250	0	1,500
St. Mary's Hospital*	Gn	Church	150	25	450	0	2,500
St. Johns, 3,620—Clinton							
Clinton Memorial Hospital	Gn	HPAss	20	10	51	10	600

MICHIGAN—Continued

Hospitals and Sanitariums	Ownership	Location	Bassinets	Beds	Births	Admissions	Patients
St. Joseph, 5,940—Berrien							
St. Joseph Sanitarium	Gn	City	12	4	No data supplied		
Sandusky, 1,236—Sanilac							
Tyrrell Hospital	Gn	Fort	10	2	2	6	200
Sault Ste. Marie, 12,178—Chippewa							
Chippewa County War Memorial Hospital	Gn	County	25	14	160	25	1,200
Station Hospital	Gn	Army	25	..	..	25	60
South Haven, 4,266—Van Buren							
City Hospital	Gn	City	12	2	25	2	100
Pawyer Memorial Hospital	Gn	Indiv	12	2	25	2	100
Stambaugh, 2,400—Iron							
General Hospital Company of Iron River Division	Gn	HPAss	17	0	57	10	200
Sturgis, 6,020—St. Joseph							
Sturgis Municipal Hospital	Gn	City	12	6	125	10	250
Three Rivers, 4,000—St. Joseph							
Three Rivers Hospital	Gn	City	12	2	60	10	200
Traverse City, 12,559—Grand Traverse							
Munson Military Hosp.*	Gn	State	25	11	100	25	200
Traverse City State Hosp.*	Ment	State	1,500	..	..	1,500	500
Trenton, 2,500—Wayne							
Copper Range Hospital	Gn	HPAss	20	1	10	0	100
Wakefield, 2,027—Gogebic							
Wakefield Hospital	Gn	Corp	12	4	24	4	72
Wayne, 2,500—Wayne							
Town Hospital	Gn	City	10	2	0	0	60
Wyandotte, 30,308—Wayne							
Wyandotte General Hospital	Gn	City	120	60	250	60	1,500
Ypsilanti, 10,549—Washtenaw							
Ford Hospital	Gn	City	25	6	60	15	300
Ypsilanti Sanatorium	TB	HPAss	120	..	..	0	120
Ypsilanti State Hospital*	Ment	State	1,500	..	..	1,077	500
Zeeland, 2,982—Ottawa							
Thomas G. Hospital	Gn	HPAss	12	2	12	2	124

Related Institutions

Addison, 420—Lenawee							
Addison Community Hospital	Gn	County	5	2	15	2	60
Adrian, 11,541—Lenawee							
Lenawee County Tuberculosis Sanatorium	TB	County	50	..	..	50	...
Allegan, 5,041—Allegan							
Community Hospital	Gn	Indiv	5	4	No data supplied		
Alma, 4,700—Gratiot							
Michigan Masonic Home and Hospital	Inst	Fred	30	..	..	21	25
Charlevoix, 32—Charlevoix							
Charlevoix Hospital	Gn	City	10	7	No data supplied		
Chesaning, 4,000—Saginaw							
Chesaning General Hospital	Gn	Indiv	12	2	24	1	100
Calumet, 3,295—Houghton							
Keweenaw County Infirmary and Hospital	Inst	County	25	..	..	20	20
Michigan State Normal School	Inst	State	0	..	No data supplied		
Crystal Falls, 1,426—Iron							
Iron County Infirmary	Gn	County	12	..	..	12	12
Dowagiac, 3,200,000—Wayne							
Memorial Home	StCo	Fort	6	..	..	1	110
Henry Memorial Cott.	Gn	City	6	4	25	11	110
Pennyroyal Avenue Sanit.	Gn	Indiv	6	4	..	11	77
St. Luke's Convalescent Home	Gn	Church	6	4	..	11	77
Saginaw General Hospital	Gn	Church	6	4	..	11	77
Memorial Sanitarium	Gn	Indiv	6	4	25	11	77
William Booth Memorial Hosp.	Rel	Church	25	25	0	0	50
Douglas, 500—Allegan							
Douglas Hospital	Gn	Indiv	5	4	0	1	61
East Lansing, 4,000—Ingham							
Hospital of Michigan State College	Inst	State	25	..	..	..	200
Edmore, 1,000—Montcalm							
Edmore Hospital	Gn	Indiv	10	2	12	4	275
Farmington, 1,500—Oakland							
Children's Hospital Convalescent Home	Conv	HPAss	50	..	..	125	62
Wetmore Convalescent Home	TB	Indiv	25	..	..	12	12
Flint, 156,492—Genesee							
Genesee County Infirmary	Inst	County	125	0	25	12	150
Michigan School for the Deaf	Inst	State	25	..	..	7	25
Grand Rapids, 168,592—Kent							
Kent County Receiving Hosp.	H&I	County	25	..	..	20	20
Michigan Soldiers' Home Hosp.	Inst	State	25	..	..	25	25
Michigan Soldiers Receiving Hosp.	Inc	City	25	..	..	17	114
Salvation Army Evangeline Booth Maternity Hospital	Mat	Church	21	7	60	..	150
Harper Woods, 1,000—Wayne							
Harper Woods Hospital	Gn	HPAss	15	2	20	4	200
Harrisville, 600—Alcona							
Dr. A. E. Miller's Private Hospital	Gn	Indiv	5	..	..	1	30
Ionia, 5,000—Ionia							
Michigan State Reformatory	Inst	State	25	..	..	25	1,600
Iron Mountain, 11,083—Dickinson							
Ford Motor Company Industrial Hospital	Indus	Corp	5	..	..	5	75
Jackson, 48,374—Jackson							
Florence Crittenton Home and Hospital	Mat	HPAss	25	20	20	15	25
Jackson County Contagious Hospital	Inc	CrCo	25	..	..	15	150
Michigan State Prison Hosp.	Inst	State	25	..	..	25	1,100
Lansing, 78,397—Ingham							
Boys' Vocational School Hosp.	Inst	State	20	..	..	20	712
Lansing City Hospital	Inc	City	25	..	..	..	250

Key to symbols and abbreviations is on page 1094

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MICHIGAN—Continued

Related Institutions	Bed Capacity	Control	Average Daily Census	Outpatients Registered	Outpatients Treated	Births	Personnel
Lapeer, 1,622—Lapeer							
Lapeer City Hospital	Gen	Part	12	0 No data supplied			
Michigan Home and Training School	MeDe	State	1,535	.. ..	1,651		284
Marquette, 14,107—Marquette							
Hospital of the State Home of Correction and Branch Prison	Inst	State	10	.. ..	7		224
Milan, 1,047—Washtenaw							
United States Detention Farm	Inst	Fed	21	.. ..	5		100
Mt. Clemens, 15,497—Macomb							
Children's Convalescent Home for Crippled Children	Orth	NFAss	30	.. ..	49		175
Nahma, 100—Delta							
Bay View Hospital	Indus	Corp	10	.. ..	1		24
Northville, 2,655—Wayne							
Wayne County Training School	MeDe	County	600	.. ..	648		225
Ontonagon, 2,568—Ontonagon							
Ontonagon County Infirmary	Conv	County	40	.. ..	40		40
Ontonagon, 1,568—Ontonagon							
Bon Air Tuberculosis Sanat.	TB	County	13	.. ..	14		5
Otter Lake, 50—Lapeer							
Marion Lapke Children's Home	TB	Priv	100	10 ..	100		270
Pleasant, ——Saginaw							
Pleasant Hospital	Neu	NFAss	12	.. ..	..		....
Pontiac, 64,884—Oakland							
Oakland County Infirmary	Inst	County	100	.. ..	65		227
Port Huron, 32,338—St. Clair							
Port Huron Emergency Hosp.	Ins	City	10	0 ..	1		12
Rochester, 6,187—Oakland							
The Retreat	MAH	Indiv	20	.. ..	9		65
Rogers City, 3,572—Presque Isle							
Rogers City Hospital	Gen	Indiv	6	1 0	3		75
Royal Oak, 31,482—Oakland							
Beaumont Memorial Hospital	Gen	Indiv	12	7 60	7		160
St. Clair, 1,592—St. Clair							
St. Clair Community Hospital	Gen	City	12	5 No data supplied			
Shelby, 1,152—Oceana							
Shelby Memorial Hospital	Gen	NFAss	15	4 No data supplied			
Stockbridge, 718—Ingham							
Rowe Memorial Hospital	Gen	Part	7	6 55	4		121
Unionville, 670—Tuscola							
Unionville General Hospital	Gen	Indiv	8	.. 2	3		110
Wakeshma, 111—Pulaski							
Michigan Farm Colony for Epileptics	Epil	State	1,551	.. ..	970		280

Summary for Michigan:

	Number	Beds	Average Patients	Patients Admitted
Hospitals and sanatoriums	163	14,422	12,422	247,672
Related institutions	21	7,220	6,220	13,699
Totals	184	21,642	18,142	261,371
Federal registration	10	60		

MINNESOTA

Hospitals and Sanatoriums	Bed Capacity	Control	Average Daily Census	Outpatients Registered	Outpatients Treated	Births	Personnel
Ada, 1,535—Norman							
Norman County Memorial Hospital	Gen	NFAss	10	2 32	4		225
Akeley, 1,—Hubbard							
Minnesota State Sanatorium	TB	State	200	.. ..	277		270
Albert Lea, 10,327—Freeborn							
Mercy Hospital	Gen	NFAss	70	10 200	65		1,567
Alexandria, 2,522—Douglas							
Douglas County Hospital	Gen	NFAss	20	6 11	10		225
St. Mary's Hospital	Gen	Indiv	15	3 71	6		247
Anoka, 4,631—Anoka							
Geist Hospital	Gen	Indiv	7	0 40	..		200
Appleton, 1,542—Swift							
Appleton Hospital	Gen	Indiv	15	.. 32	8		247
Austin, 12,276—Mower							
St. Olaf Lutheran Hospital	Gen	Church	35	12 107	29		1,253
Mayo Memorial Maternity Hospital	Gen	Indiv	12	3 14	4		100
Barnett, 500—Grant							
Perem Hospital	Surg	Indiv	10	.. ..	3		100
Battle Lake, 525—Otter Tail							
Otter Tail County Sanatorium	TB	County	64	.. ..	20		52
Bemidji, 7,695—Beltrami							
Lutheran Hospital	Gen	NFAss	30	4 60	14		200
Benson, 1,626—Swift							
Swift County Hospital	Gen	NFAss	10	3 34	9		242
Bovaird, 1,232—St. Louis							
Bovaird Hospital	Gen	Indiv	12	5 32	2		111
Blue Earth, 3,564—Faribault							
Blue Earth Hospital	Gen	Indiv	10	2 32	3		170
Bralnerd, 10,221—Crow Wing							
St. Joseph's Hospital	Gen	Church	75	15 132	44		1,240
Brownsdale, 1,224—Mower							
St. Francis Hospital	Gen	Church	20	0 57	25		227
Buffalo, 1,429—Wright							
Cobb Hospital	Gen	Indiv	12	2 16	0		140
Cambridge, 1,252—Isanti							
Cobden Hospital	Gen	Indiv	17	0 No data supplied			
Canby, 1,722—Yellow Medicine							
John Swenson Memorial Hosp.	Gen	City	10	2 20	4		225

MINNESOTA—Continued

Hospitals and Sanatoriums	Bed Capacity	Control	Average Daily Census	Outpatients Registered	Outpatients Treated	Births	Personnel
Cannon Falls, 1,225—Goodhue							
Mineral Springs Sanatorium	TB	County	100	.. ..	66		60
Clearwater, 1,—Cottonwood							
Fond du Lac Indian Hospital	Gen	U.S.	25	1 17	15		60
Baker Hospital	Gen	Part	15	1 15	17		60
Crookston, 6,—Polk							
Riverview Hospital	Gen	Church	25	5 60	115		225
St. Vincent's Hospital	Gen	Church	25	5 60	115		225
Bayrnet Sanatorium	TB	County	25	.. ..	60		25
Crosby, 1,—Crow Wing							
Miner's Hospital	Gen	Indiv	10	0 45	4		100
Detroit, 1,—Lac qui Parle							
Detroit Lakes Hospital	Gen	Corp	25	4 25	9		100
Dorchester, 50—Clay							
Dorchester Sanatorium	TB	County	24	.. ..	21		13
Duluth, 101,463—St. Louis							
Community Hospital	Gen	NFAss	10	2 30	2		80
Duluth, 101,463—St. Louis							
St. Luke's Hospital	Gen	Church	150	0 ..	New		1,000
St. Mary's Hospital	Gen	Church	150	0 ..	1,000		1,000
Western Hospital	Gen	Indiv	0	0 ..	0		0
Ely, 4,125—St. Louis							
Anderson Hospital	Gen	Part	15	0 25	4		221
Evelth, 1,421—St. Louis							
Mesa Hospital	Gen	Corp	10	0 20	15		60
Fairmont, 5,—Martin							
Fairmont Hospital	Gen	Indiv	12	4 12	5		225
Gardner Hospital	Gen	Indiv	10	0 12	3		225
Faribault, 12,757—Rice							
St. Lukes Hospital Dea-coness Association	Gen	Church	30	14 100	57		60
Farmington, 1,—Dakota							
Community Hospital	Gen	Indiv	10	0 32	11		200
Fergus Falls, 6,—Otter Tail							
Fergus Falls State Sanatorium	Neur	State	1,200	.. ..	1,275		424
Cooper E. Wright Memorial Hospital	Gen	NFAss	20	2 61	17		160
St. Luke's Hospital	Gen	NFAss	20	5 60	15		114
Ft. Snelling, 1,—Hennepin							
Station Hospital	Gen	Army	100	5 30	72	15	1,200
Veterans Admin. Facility	GATB	Fed	600	.. ..	84	2,115	
Fosston, 600—Polk							
Fosston Hospital	Gen	Part	12	4 25	8		120
Granville, 60—Big Stone							
Granville Memorial Hospital	Gen	Corp	20	5 71	15		600
Grand Rapids, 5,000—Itasca							
Itasca Hospital	Gen	County	32	10 120	24	1,000	
Granite Falls, 1,701—Yellow Medicine							
Granite Falls Hospital	Gen	Indiv	10	5 25	6		120
Glenside Sanatorium	TB	County	14	.. ..	25		20
Hallock, 60—Kittson							
Kittson War Veterans' Memorial Hospital	Gen	County	25	6 37	20		60
Hastings, 5,000—Dakota							
St. Michael Hospital	Gen	Indiv	10	4 25	9		200
Hendricks, 702—Lincoln							
Hendricks Hospital	Gen	NFAss	14	4 34	8		700
Heron Lake, 250—Jackson							
Southwestern Minnesota Hosp.	Gen	Indiv	12	2 17	2		100
Hibbing, 12,404—St. Louis							
Adams Hospital	Gen	Indiv	20	5 40	11		200
Hibbing Hospital	Gen	Indiv	20	10 80	17		200
Hutchinson, 5,420—McLeod							
Hutchinson Community Hosp.	Gen	NFAss	22	6 30	10		200
International Falls, 5,000—Koochiching							
Troig Hospital	Gen	Indiv	17	6 40	17		60
Northern Minnesota Hospital	Gen	Corp	40	0 No data supplied			
Jackson, 1,525—Jackson							
Halloran Hospital	Gen	Part	12	5 25	5		140
Lake City, 5,016—Wabasha							
Lake City Hospital	Gen	NFAss	10	5 40	12		611
Lake Park, 624—Becker							
Sand Beach Sanatorium	TB	County	40	.. ..	44		20
Litchfield, 1,242—Meeker							
Litchfield Hospital	Gen	NFAss	20	6 35	15		611
Little Falls, 5,044—Morrison							
St. Gabriel's Hospital	Gen	Church	40	10 95	24	1,254	
Luverne, 1,644—Rock							
Luverne Hospital	Gen	Part	15	6 37	4		247
Madison, 1,597—Lac qui Parle							
Thompson Lutheran Hospital	Gen	Church	25	5 32	7		200
Mankato, 14,222—Blue Earth							
Immanuel Hospital	Gen	Church	60	15 115	60		1,000
St. Joseph's Hospital	Gen	Church	60	20 150	60	1,200	
Marshall, 5,022—Lyon							
Marshall Hospital	Gen	Corp	20	5 7	10		200
Melrose, 1,422—Stearns							
Melrose Hospital	Gen	Indiv	8	3 12	5		125
Minneapolis, 464,356—Hennepin							
Abbott Hospital[1]	Gen	Church	60	15 [illegible]	[illegible]		[illegible]
Asbury Hospital[1]	Gen	Church	[illegible]	[illegible]	[illegible]		[illegible]
Glen Hospital[1]	Gen	NFAss	[illegible]	[illegible]	[illegible]		[illegible]
Fairview Hospital[1]	Gen	Church	[illegible]	[illegible]	[illegible]		[illegible]
Harriet Walker Hospital	Mat	NFAss	[illegible]	[illegible]	[illegible]		[illegible]
Lord Crest Hospital	Gen	NFAss	[illegible]	[illegible]	[illegible]		[illegible]
Lutheran Deaconess Home and Hospital[1]	Gen	Church	[illegible]	[illegible]	[illegible]		[illegible]
Maternity Hospital	Mat	Church	[illegible]	[illegible]	[illegible]		[illegible]
Minneapolis General Hosp.***	Gen	City	300	110 1,200	300	12,000	
Minnesota General Hospital	Gen	(See University Hospitals)					
Northwestern Hospital[1]	Gen	NFAss	[illegible]	[illegible]	[illegible]		[illegible]
Powderly Hospital[1]	Gen	NFAss	[illegible]	[illegible]	[illegible]		[illegible]
St. Barnabas Hospital[1]	Gen	Church	[illegible]	[illegible]	[illegible]		[illegible]
St. Mary's Hospital[1]	Gen	Church	[illegible]	[illegible]	[illegible]		[illegible]

Key to symbols and abbreviations is on page 1032

MINNESOTA—Continued

Hospitals and Superintendents	Ref. No.	Type	Ownership	Bassinets	Beds	Cribs	Births	Patients
Shriners Hospital for Crippled Children	Orth	First		40	..	..	112	1,205
Smith, Hospital	Gen	EPAssn		171	45	160	1,205	
University Hospitals	Gen	State		450	50	275	324	7,450
Wesleyan, 4,212—Chippewa								
Montevideo Hospital	Gen	EPAssn		40	10	102	10	800
Moorhead, 7,621—Clay								
St. Ansgars Hospital	Gen	Church		42	6	100	94	1,200

MINNESOTA—Continued

Hospitals and Superintendents	Ref. No.	Type	Ownership	Bassinets	Beds	Cribs	Births	Patients
Pelican, 1,451—Otter Tail								
St. Anna Hospital	Gen	Church		40	4	40	20	600
Pipestone, 4,028—Pipestone								
Lakeview Memorial Hospital	Gen	Cy Co		40	6	60	31	600
Pokegama—Pine								
Pokegama Sanatorium	TB	EPAssn		50	..	..	60	50
Princeton, 1,626—Mille Lacs								
Northwestern Hospital	Gen	Indiv		30	4	32	6	600

MINNESOTA

● General Hospital
▲ Nervous and Mental
■ Tuberculosis
◆ Other Special Hospital

Total hospitals in Minnesota, 217; general, 157; general beds occupied, 59.1 per cent; population per general bed, 255.

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Moose Lake, 745—Carlton								
Moose Lake Community Hosp.	Gen	Indiv	32	3	45	4	225	
Morris, 5,671—Stevens								
Morris Hospital	Gen	Indiv	32	4	30	6	67	
Mountain Lake, 1,235—Cottonwood								
Bethel Hospital	Gen	Church	21	5	60	6	300	
Mrs Fraser, 1,542—Le Sueur								
New Prague Community Hosp.	Gen	EPAssn	20	4	34	7	245	
New Ulm, 7,280—Brown								
Lutheran Hospital	Gen	Church	65	5	60	35	825	
Union Hospital	Gen	EPAssn	35	10	34	25	315	
Nopeming, 324—St. Louis								
Nopeming Sanatorium	TB	County	220	..	..	220	224	
Northfield, 5,120—Rice								
Northfield City Hospital	Gen	City	20	4	20	4	157	
Oak Terrace—Nicollet								
Oak Terrace Sanatorium	TB	County	700	..	..	700	625	
Odessa, 10—Clan								
Odessa General Hospital	Gen	IA	21	3	..	..	....	
Owatonna, 5,247—Steele								
Owatonna Hospital Assn.	Gen	Church	30	4	35	6	300	
Owatonna, 7,924—Steele								
Owatonna City Hospital	Gen	City	45	9	120	32	811	
Paynesville, 1,127—Stearns								
Paynesville Hospital	Gen	Indiv	15	3	6	3	105	
Pengilly, 65—Itasca								
Lake Julia Tuberculosis Sanat.	TB	County	50	..	..	50	60	
Redlake, 214—Beltrami								
Red Lake Indian Hospital	Gen	IA	20	6	60	17	720	
Red Wing, 6,498—Goodhue								
Red Wing Hospital	Gen	City	30	6	60	18	600	
St. John's Hospital	Gen	EPAssn	75	15	150	25	900	
Redwood Falls, 1,926—Redwood								
Redwood Falls Hospital	Gen	Part	15	4	25	5	414	
Richmond, 68—Benton								
Richmond Hospital	Gen	Corp	10	..	24	4	200	
Rochester, 16,221—Olmsted								
Colonial Hospital	Gen	Corp	250	..	..	175	4,750	
Rochester State Hospital	Men	State	1,500	..	..	1,500	1,500	
St. Mary's Hospital	Gen	Church	400	75	450	400	7,200	
Worrall Hospital	Mc&Ret	Corp	100	..	..	75	1,500	
Rosen, 1,450—Stearns								
Rosen Hospital	Gen	Indiv	15	2	20	6	225	
St. Cloud, 17,324—Stearns								
St. Cloud Hospital	Gen	Church	125	20	200	125	5,475	
Veterans Administration Facility	Men	Fed	750	..	..	600	375	
St. Paul, 271,606—Ramsey								
Ancker Hospital	Gen	Cy Co	1,000	50	1,000	700	5,000	
Bethesda Hospital	Gen	Church	200	50	200	75	2,500	
Charles T. Miller Hospital	Gen	EPAssn	125	25	125	97	2,541	

Key to symbols and abbreviations is on page 1091

MINNESOTA—Continued

Hospitals and Sanatoriums	Type of Control	Class	Bassinets for Newborn	Number of Beds	Number of Bassinets	Average Number of Patients	Patients Admitted
Children's Hospital[9]	Chi	NFAss	60	..	..	16	1,570
Gillette State Hospital for Crippled Children[9]	Oth	State					
Harvey Hospital[9]	Gen	Chiro	100	45	12	28	1,252
Lutheran Deaconess[9]	Gen	Chiro	100	45	12	28	1,252
Northern Pacific Hospital Association Hospital[9]	Gen	NFAss	125	75	25	52	2,165
St. John's Hospital[9]	Gen	Chiro	75	35	12	28	1,252
St. Luke's Hospital[9]	Gen	Chiro	100	45	12	28	1,252
St. Luke's Hospital[9]	Gen	NFAss	125	75	25	52	2,165
West Side General Hospital	Gen	Chiro	50	25	6	15	1,252
St. Peter, 5,511—Nicollet							
Cornell Hospital	Gen	Indiv	32	10	2	5	232
St. Peter State Hospital[9]	Men	State	1,527	..	..	1,502	232
Slayton, 1,102—Murray							
Home Hospital	Gen	Part	10	4	2	3	160
Sandstedt, 1,500—Itasca							
St. John's Hospital	Gen	Church	25	5	2	10	240
Spring Grove, 627—Houston							
Spring Grove Hospital	Gen	Corp	15	5	2	6	221
Stanley, 1,500—Chippewa							
Ivy Memorial Hospital	Gen	NFAss	10	3	2	4	170
Stillwater, 7,123—Washington							
Lakeview General Hospital	Gen	CyCo	30	6	2	12	264
Thief River Falls, 4,568—Pennington							
Oakland Park Sanatorium	TB	County	25	..	..	21	32
Perkinson Hospital	Gen	Corp	21	6	2	12	220
St. Luke's Hospital	Gen	NFAss	30	6	2	15	32
Tracy, 3,015—Lincoln							
Chas Hospital	Gen	Part	12	4	2	7	220
Tracy Hospital	Gen	Indiv	17	4	2	6	275
Two Harbors, 4,624—Lake							
Nurse and Christensen Hosp.	Gen	Part	27	6	2	15	272
Tyler, 886—Lincoln							
Tyler Hospital	Gen	NFAss	12	5	2	9	242
Virginia, 11,856—St. Louis							
Lenoot Hospital	Gen	Indiv	15	3	2	9	225
Virginia General Hospital	Gen	Part	15	4	2	9	247
Wabasha, 1,219—Wabasha							
Buena Vista Sanatorium	TB	County	20	..	..	17	20
St. Elizabeth's Hospital	Gen	Church	25	6	2	17	422
Wadena, 4,212—Wadena							
Fair Oaks Lodge Sanatorium	TB	County	20	..	..	12	0
Wadsy Hospital	Gen	Church	21	5	2	10	247
Walker, 625—Cass							
Walker Hospital	Gen	Indiv	25	6	2	7	247
Warren, 1,472—Marshall							
Warren Hospital	Gen	Church	20	6	2	10	220
Waseca, 4,612—Waseca							
Waseca Memorial Hospital	Gen	City	25	5	2	10	220
White Earth, 625—Becker							
White Earth Indian Hospital	Gen	I A	20	6	112	12	422
Wilmar, 4,172—Kandiyohi							
General Hospital	Gen	Indiv	24	6	2	6	272
Wilmar Hospital	Gen	Corp	24	4	2	12	424
Windom, 2,125—Cottonwood							
Windom Hospital	Gen	NFAss	14	3	2	6	221
Winnebago, 1,701—Faribault							
Winnebago Community Hosp.	Gen	Part	9	4	2	3	120
Winona, 24,895—Winona							
Winona General Hospital[9]	Gen	NFAss	112	50	221	65	2,672
Worthington, 4,982—Nobles							
Southwestern Minnesota Sanat.	TB	County	24	..	..	22	41
Worthington Clinic Hospital	Gen	Part	25	6	2	12	422
Worthington Hospital	Gen	Indiv	12	4	2	6	220
Related Institutions							
Akeley, 1,246—Hubbard							
Russell Hospital	Men	Indiv	9	2	2	1	104
Anoka, 4,284—Anoka							
Anoka State Asylum	Ment	State	1,550	..	..	1,114	242
Bertha, 450—Todd							
Thiel Hospital	Gen	Indiv	12	5	2	6	274
Braham, 990—Isanti							
Braham Hospital	Gen	Indiv	12	4	2	5	72
Buhl, 1,264—St. Louis							
St. Louis County Hospital	Inst	County	52	..	..	32	220
Cambridge, 1,502—Isanti							
Minnesota Colony for Epileptics	MeDe	State	970	..	..	701	257
Chisholm, 620—Yellow Medicine							
Chisholm Community Hosp.	Gen	Indiv	10	6	2	6	102
Clearl, 6,120—Carlton							
Esquel Hospital	Gen	Indiv	10	4	2	2	72
Cokato, 1,125—Wright							
Cokato Hospital	Gen	Indiv	15	3	2	7	61
Detroit Lakes, 2,072—Becker							
Detroit Hospital	Gen	Indiv	7	3	2	4	22
Duluth, 101,463—St. Louis							
Hearding Hospital	Inst	County	75	..	..	60	1,324
Ellsworth, 644—Nobles							
Ellsworth Hospital	Gen	Indiv	10	3	2	3	22
Ely, 4,150—St. Louis							
Bolenius Hospital	Ino	City	10	..	..	1	24
Faribault, 12,247—Rice							
Minnesota School for the Deaf	Inst	State	20	..	..	1	220
Minnesota School for Feebleminded	MeDe	State	2,250	..	..	2,222	624
Gaylord, 592—Sibley							
Gaylord Hospital	Surg	Indiv	12	..	..	3	45

MINNESOTA—Continued

Related Institutions	Type of Control	Class	Bassinets for Newborn	Number of Beds	Number of Bassinets	Average Number of Patients	Patients Admitted
Glenwood, 2,525—Pope							
Glenwood Hospital	Gen	Part	7	3	2	4	170
Goodhue, 527—Goodhue							
General Hospital	Gen	Indiv	6	3	2	3	140
Hastings, 5,662—Dakota							
Hastings State Asylum	Ment	State	1,500	..	..	1,227	82
Hibbing, 15,402—St. Louis							
Hibbing Division Hospital	Ino	City	10	..	..	4	24
Long Prairie, 1,504—Todd							
Long Prairie Hospital	Gen	Indiv	9	3	2	3	122
Madelia, 1,327—Watonwan							
Madelia Hospital	Gen	Indiv	12	4	2	3	122
Minneapolis, 464,356—Hennepin							
Burton-Loring Home for Convalescents	Conv	NFAss	25	..	..	12	172
Homewood Hospital	Conv	Indiv	25	..	..	20	92
Minneapolis Home	MAH	Indiv	25	..	..	6	12
Minnesota Sanitarium	MAH	Indiv	25	..	..	6	12
Minnesota Soldiers' Home Hospital	Ret	State	150	..	..	70	92
Pentzer Sanitarium	Chr	City	150	..	..	170	12
Portland Sanitarium	MAH	Indiv	25	..	..	7	12
Rest Home	Conv	Indiv	17	..	..	14	12
Rest Hospital	MAH	Part	17	..	..	14	12
Sanatorium	TB	NFAss	25	..	..	14	12
Vocational Nurses' Home	Conv	NFAss	25	..	..	12	12
Morris, 2,474—Stevens							
Stevens County Hospital	Gen	Corp	14	6	2	7	225
Mudson, 2,000—St. Croix							
Mudsonian Sulphur Springs	Conv	Corp	20	..	..	10	245
Owatonna, 7,614—Steele							
Minnesota State Public School	Inst	State	40	..	..	15	702
Parkers Prairie, 62—Otter Tail							
Lobeck Hospital	Surg	Indiv	5	..	..	2	60
Pelican Rapids, 1,326—Otter Tail							
Dr. Boyum's Hospital	Gen	Indiv	5	4	2	1	24
Pelican Rapids Hospital	Gen	Indiv	7	3	2	3	102
Pipestone, 3,646—Pipestone							
Pipestone Indian School Hosp.	Gen	I A	24	6	2	21	702
Red Wing, 5,622—Goodhue							
Minnesota State Training School for Boys	Inst	State	20	..	..	4	442
St. Cloud, 21,686—Stearns							
Minnesota State Reformatory Hospital	Inst	State	20	..	..	..	814
St. Paul, 271,606—Ramsey							
Children's Preventorium of Ramsey County	TB	CyCo	60	..	..	21	32
Mrs. Robbins Rest Home	R&M	Indiv	12	..	..	10	12
Salvation Army Home and Hospital	Mat	Church	25	5	70	5	25
Sauk Center, 2,736—Stearns							
Long Hospital	Gen	Indiv	9	3	2	2	90
Shakopee, 2,662—Scott							
Madrona Sanitarium	Conv	Corp	74	..	..	20	202
Stillwater, 7,173—Washington							
Minnesota State Prison Hosp.	Inst	State	20	..	..	25	421
Virginia, 11,822—St. Louis							
City Detention Hospital	Ino	City	20	..	..	..	20
Warroad, 1,324—Roseau							
Warroad Hospital	Gen	City	12	3	2	2	120
Watertown, 824—Carver							
Sieder and Lee Hospital	Gen	Indiv	6	3	2	2	25
Wayzata, 1,329—Hennepin							
Minnetonka Hospital	Gen	NFAss	15	4	2	3	142
Wheaton, 1,672—Traverse							
Wheaton Hospital	Gen	Indiv	10	4	2	2	102
Wilmar, 4,172—Kandiyohi							
Wilmar State Asylum	Ment	State	1,400	..	..	1,227	422
Worthington, 1,872—Nobles							
Dolan Hospital	Gen	Indiv	6	3	2	2	102

Summary for Minnesota:

	Number	Beds	Average Patients	Patients Admitted
Hospitals and sanatoriums	162	14,732	14,169	170,632
Related institutions	55	6,545	7,268	12,903
Totals	217	21,277	21,437	183,535
Refused registration	10	220		

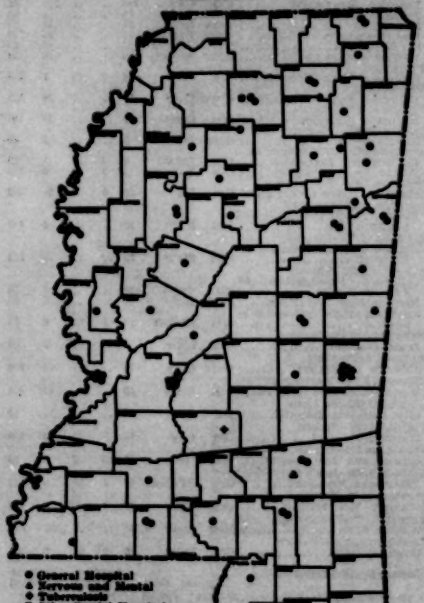
MISSISSIPPI

Hospitals and Sanatoriums	Type of Control	Class	Bassinets for Newborn	Number of Beds	Number of Bassinets	Average Number of Patients	Patients Admitted
Aberdeen, 3,462—Monroe							
Aberdeen Hospital	Gen	City	22	3	14	9	221
Amory, 3,214—Monroe							
Gibbons Sanatorium[9]	Gen	NFAss	25	3	21	13	225
Biloxi, 14,460—Harrison							
Biloxi Hospital[9]	Gen	NFAss	25	3	20	14	222
Veterans Admin. Facility	Gen	Vet	250	..	..	24	1,240
Booneville, 1,722—Prentiss							
North East Mississippi Hosp.	Gen	NFAss	20	2	12	7	225
Brookhaven, 4,322—Lincoln							
Kings Daughters Hospital	Gen	NFAss	20	7	25	7	424
Canton, 4,726—Madison							
Madison County Kings Daughters Hospital	Gen	NFAss	21	3	10	6	220

Key to symbols and abbreviations is on page 1024

MISSISSIPPI—Continued

Hospitals and Sanatoriums	Ownership	Type	Bassinets	Beds	Cribs	Bassinets	Beds	Cribs
Centreville, 1,554—Wilkinson								
Field Memorial Hospital*	Gen	Part	20	4	20	15	40	7
Charleston, 2,014—Tallahatchie								
Charleston Hospital	Gen	Indiv	15	2	6	3	175	
Clarksdale, 10,424—Coahoma								
Clarksdale Hospital	Gen	NPAssn	20	2	30	3	242	
Columbia, 6,622—Marion								
Columbia Chair Hospital*	Gen	Indiv	20	4	25	15	610	
Columbus, 16,742—Lowndes								
Columbus Hospital	Gen	Indiv	22	2	20	4	221	
Pine Hospital*	Gen	Indiv	20	2	27	10	139	
Corinth, 6,629—Alcorn								
Corinth Hospital	Gen	Indiv	12	2	17	3	204	
Mellen Hospital*	Gen	NPAssn	45	3	20	11	227	
Electric Mills, 1,424—Kemper								
George C. Hixon Memorial Hospital*	Gen	Corp	20	6	25	10	207	



● General Hospital
▲ Nervous and Mental
■ Tuberculosis
◆ Other Special Hospital

Total hospitals in Mississippi, 76; general, 66; general beds occupied, 36.5 per cent; population per general bed, 700.

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Fayden, (Jackson P.O.)—Hinds								
Mississippi State Hospital	Ment	State	2,500	..	..	2,500	921	
Greenville, 14,987—Washington								
Kings Daughters Hospital*	Gen	NPAssn	100	14	95	40	1,020	
Greenwood, 11,158—Leflore								
Greenwood-Leflore Hospital*	Gen	CyCo	25	6	62	10	300	
Grenada, 4,240—Grenada								
Grenada General Hospital*	Gen	Part	40	4	30	10	670	
Gulfport, 12,547—Harrison								
Kings Daughters Hospital*	Gen	NPAssn	40	6	No data supplied			
Veterans Admin. Facility	Ment	Fed	500	..	..	500	270	
Hattiesburg, 18,021—Forrest								
Methodist Hospital*	Gen	Church	35	12	100	20	1,407	
South Mississippi Infirmary*	Gen	Indiv	60	15	..	..	..	
Houston, 1,477—Chickasaw								
Houston Hospital*	Gen	NPAssn	40	2	15	15	500	

MISSISSIPPI—Continued

Hospitals and Sanatoriums	Ownership	Type	Bassinets	Beds	Cribs	Bassinets	Beds	Cribs
Jackson, 48,282—Hinds								
Jackson Infirmary*	Gen	NPAssn	25	12	250	20	2,167	
Mississippi Baptist Hospital*	Gen	Church	50	9	227	30	2,245	
Mississippi State Charity Hospital*	Gen	State	100	..	No data supplied			
Dr. Willis Walker Hospital*	Gen	Corp	70	6	12	12	700	
Laurel, 18,017—Jones								
Laurel General Hospital*	Gen	Indiv	30	6	104	15	1,200	
South Mississippi Charity Hospital*	Gen	State	30	9	60	64	2,111	
Lexington, 2,425—Holmes								
Holmes County Community Hospital	Gen	County	15	2	12	7	400	
Macon, 2,102—Noxubee								
Macon Hospital	Gen	Indiv	20	2	9	7	204	
McComb, 10,021—Pike								
McComb City Hospital*	Gen	Indiv	25	4	60	11	300	
McComb Infirmary	Gen	Indiv	25	2	20	10	200	
Meridian, 31,954—Lauderdale								
Anderson Infirmary*	Gen	Indiv	45	5	60	9	300	
East Mississippi State Hosp.	Ment	State	650	..	..	650	2,000	
Matty Nason Hospital*	Gen	State	30	15	51	20	1,000	
Meridian San. and Clinic	Gen	Part	25	25	No data supplied			
Dr. F. G. Eley's Hospital and Clinic	Gen	Indiv	20	2	25	12	200	
Nash's Infirmary*	Gen	Indiv	20	2	25	12	200	
Natchez, 12,422—Adams								
Chamberlain-Hunt Hospital	Gen	Corp	20	7	75	20	600	
Natchez Charity Hospital*	Gen	State	70	6	150	28	1,200	
Natchez Sanatorium*	Gen	Corp	20	5	20	14	400	
New Albany, 3,327—Union								
Hayes Hospital	Gen	Indiv	20	2	60	9	200	
New Albany Hosp. and Clinic	Gen	Corp	12	2	7	7	200	
Newton, 2,811—Newton								
Newton Infirmary	Gen	Corp	25	2	25	8	200	
Oxford, 3,208—Lafayette								
Brumbelt Hospital*	Gen	Corp	25	5	17	22	300	
Oxford Hospital*	Gen	Indiv	20	2	No data supplied			
Pascagoula, 4,526—Jackson								
Jackson County Hospital	Gen	County	25	4	25	11	200	
Philadelphia, 1,500—Neshoba								
Choctaw-Mississippi Hospital	Gen	I.A.	25	..	41	15	700	
Philadelphia Hospital	Gen	Indiv	9	2	24	4	200	
Picayune, 4,698—Pearl River								
Martin Sanatorium	Gen	Indiv	24	2	No data supplied			
Ripley, 2,117—Tishomingo								
Kings Daughters Hospital	Gen	NPAssn	10	2	12	3	104	
Sanatorium, 61—Simpson								
Mississippi State Tuberculosis Sanatorium	TB	State	450	..	..	200	200	
Starkville, 3,612—Oktibbeha								
Oktibbeha Hospital	Gen	Indiv	20	2	20	5	201	
Tupelo, 6,361—Lee								
Tupelo Hospital*	Gen	Corp	25	2	60	10	311	
Vicksburg, 22,565—Warren								
Mississippi State Charity Hospital*	Gen	State	25	5	225	60	1,275	
Vicksburg Hospital*	Gen	NPAssn	20	5	25	15	1,162	
Vicksburg Infirmary*	Gen	Indiv	70	5	25	28	1,000	
Vicksburg Sanatorium and Crawford Street Hospital*	Gen	Corp	75	6	30	32	1,400	
Water Valley, 3,726—Yalobusha								
Water Valley Hospital	Gen	Part	25	4	8	5	201	
West Point, 4,677—Clay								
177 Hospital*	Gen	Part	25	6	50	12	300	
Winona, 4,826—Montgomery								
Winona Infirmary	Gen	NPAssn	40	2	21	12	400	
Yazoo City, 5,479—Yazoo								
Kings Daughters Hospital	Gen	NPAssn	20	4	20	5	200	
Related Institutions								
Biloxi, 14,460—Harrison								
Jefferson Davis Soldiers Home	Inst	State	60	..	..	55	5	
Corr, 69—Sharkey								
Dr. W. C. Pool's Sanatorium	Gen	Indiv	7	..	..	1	20	
Clarksdale, 10,604—Coahoma								
Afro-American Colored Hosp.	Gen	Prot	12	..	..	5	20	
Ellisville, 2,157—Jones								
Ellisville State School	Mefic	State	200	..	..	275	20	
Greenville, 14,987—Washington								
Kings Daughters Hosp. (col.)	Gen	NPAssn	65	..	..	..	..	
Greenwood, 11,158—Leflore								
Greenwood Colored Hospital	Gen	Indiv	12	..	2	4	60	
Meridian, 31,954—Lauderdale								
Kings Daughters Tuberculosis Hospital	TB	NPAssn	61	..	..	20	20	
Okolona, 3,156—Chickasaw								
Wicks Hospital	Gen	Indiv	10	1	4	1	20	
Poplarville, 1,455—Pearl River								
Pearl River County Hospital	Gen	Corp	20	2	No data supplied			
State College, 200—Oktibbeha								
James L. George Memorial Hospital	Inst	State	44	..	..	5	200	
University, 15—Lafayette								
University of Mississippi Hosp.	Inst	State	17	..	..	10	275	

Summary for Mississippi:

	Number	Beds	Average Patients	Patients Admitted
Hospitals and sanatoriums	65	7,545	4,625	45,500
Related institutions	11	225	225	1,500
Totals	76	7,770	4,850	47,000
Federal registration	1	70	67	1,000

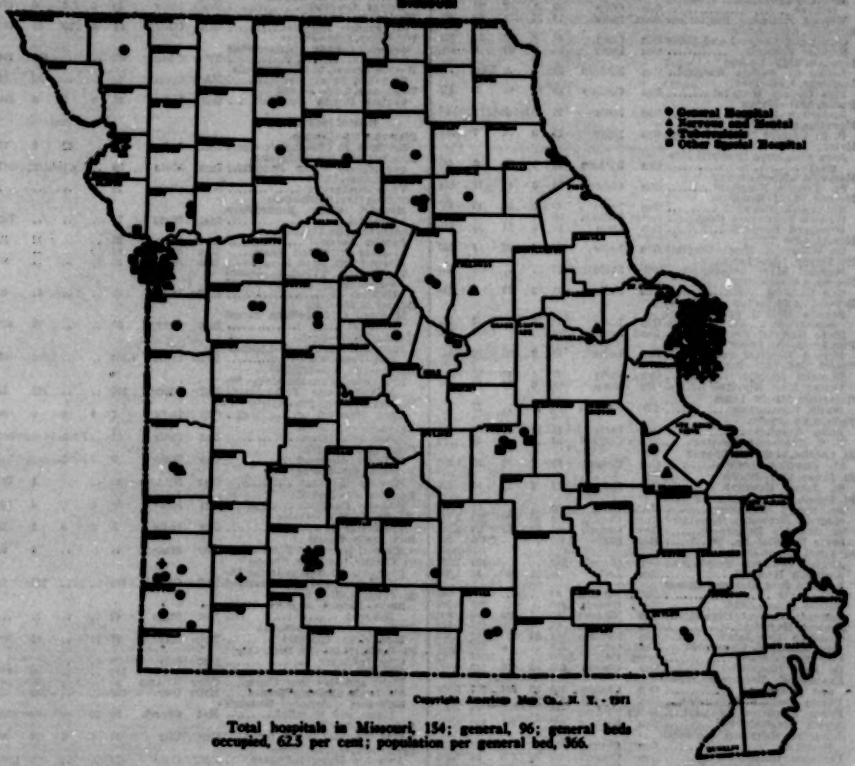
Key to symbols and abbreviations is on page 1094

MISSOURI

Hospitals and Considerations								
Bonne Terre, 4,022—St. Francois								
Bonne Terre Hospital	Gen	Corp	20	7	41	11	240	
Boonville, 6,461—Cooper								
St. Paul's Hospital◊	Gen	Church	75	14	51	18	1,607	
Butler, 4,102—Bates								
Butler Memorial Hospital	Gen	Indiv	10	2	11	2	425	
Caruthersville, 6,631—Pemiscot								
Lyddon Memorial	Gen	Indiv	20	3	4	14	720	
Cape Girardeau, 24,327—Cape Girardeau								
St. Francis Hospital	Gen	Church	85	17	17	18	820	
Southeast Missouri Hospital	Gen	NFPAss	75	11	15	25	1,117	
Carthage, 9,572—Jasper								
McCune-Brooks Hospital	Gen	City	20	6	42	15	741	
Chillicothe, 8,177—Livingston								
Chillicothe Hospital	Gen	Part	25	2	12	2	350	
Clayton, 9,613—St. Louis								
St. Louis County Hospital◊◊	Gen	County	127	22	402	142	5,157	
Columbia, 14,327—Boone								
Boone County General Hosp.	Gen	County	42	4	72	17	720	
Ellis Fischel Hospital	(Included in University Hospitals)							
Parker Memorial Hospital	(Included in University Hospitals)							
State Hospital for Crippled Children	(Included in University Hospitals)							
University Hospitals◊	Gen	State	100	5	31	60	1,500	
Excelsior Springs, 5,105—Clay								
Excelsior Springs Sanitarium and Hospital	Gen	Corp	42	1	6	22	612	
Veterans Admin. Facility	Gen	Vet	252	..	..	252	252	
Farmington, 5,626—St. Francois								
Missouri State Hospital No. 4◊	Ment	State	1,740	..	..	1,217	220	

MISSOURI—Continued

Hospitals and Considerations								
Fayette, 3,625—Howard								
Lee Hospital	Gen	Part	20	4	20	7	241	
Fulton, 6,102—Callaway								
State Hospital No. 1◊	Ment	State	1,700	..	..	1,734	664	
Glendale (Kirkwood P.O.), 1,481—St. Louis								
Oakland Park Hospital	M&S	Corp	20	..	..	9	10	
Hannibal, 22,101—Marion								
Levering Hospital	Gen	City	32	10	60	20	1,500	
St. Elizabeth's Hospital	Gen	Church	65	10	100	41	1,116	
Harrisonville, 2,626—Cass								
Harrisonville Hospital	Gen	Indiv	10	2	6	2	140	
Independence, 15,331—Jackson								
Independence Sanit. and Hosp.◊	Gen	Church	65	11	210	67	1,200	
Ironton, 674—Iron								
St. Mary's of the Ozarks	Gen	Church	25	4	..	New	...	
Jefferson Barracks, 540—St. Louis								
Station Hospital	Gen	Army	125	4	20	20	1,500	
Veterans Admin. Facility	Gen	Vet	275	..	..	275	1,275	
Jefferson City, 21,256—Cole								
St. Mary's Hospital	Gen	Church	100	15	150	57	1,500	
Joplin, St. 45,793—Jasper								
Freeman Hospital	Gen	Church	50	12	21	32	1,171	
St. John's Hospital◊	Gen	Church	125	15	150	63	1,540	
Kansas City, 399,178—Jackson								
Children's Mercy Hospital	Chld	NFPAss	125	25	..	125	1,675	
Veterans Admin. Facility	Gen	Vet	1,000	..	..	1,000	1,000	
Kansas City General Hosp.◊◊	Gen	City	450	50	650	250	5,000	
Kansas City General Hospital								
No. 2	Gen	City	200	24	50	200	1,200	
Kansas City Industrial Hosp.	Gen	NFPAss	12	1	No data supplied			



Total hospitals in Missouri, 154; general, 96; general beds occupied, 62.5 per cent; population per general bed, 366.

Key to symbols and abbreviations is on page 1024

MISSOURI—Continued

Hospitals and Sanatoriums	Type	Class	Beds	Bassinets	Cribs	Patients Admitted
Sunny City Tuberculosis Hospital	Gov	City	115	..	..	1,548
Sunset Hospital	Corp	HFAss	25	..	..	1,000
Swan Sanitarium	Corp	HFAss	25	..	..	1,000
Sweeney Hospital	Gov	HFAss	25	..	..	1,000
Tabitha Home						
Tabitha Hospital						
Tabitha Hospital (col.)						
St. Teresa Hospital						
St. Thomas Hospital						
St. Vincent's Hospital						
St. Vincent's Hospital, Annex						
Wabash Valley Sanitarium						
Walnut Park Hospital						
Walnut Park Hospital						
Weaver Private Hospital						
Wesley Hospital						
Western Provident Hospital						
Western Reserve Hospital (col.)						
Wheeler Memorial Hospital						
White Cross Hospital, Inc.—Adair						
Whitehall Hospital and Clinic						
Whitney Hospital						
Lebanon, 2,297—Laclede						
Leeds C. Wilson Hospital						
Lexington, 4,841—Lafayette						
Fike County Hospital						
Linn, 1,281—Osage						
Hamilton Hospital						
Macon, 5,442—Macon						
Dr. William M. Vest's Hospital						
Marshall, 5,868—Saline						
Missouri State Sanatorium						
Moberly, 14,657—Randolph						
Moberly Hospital						
Moberly Hospital and Surgical Sanitarium						
Moberly Hospital No. 2						
Pike County Hospital						
Preston Hospital and Clinic						
Pusher Hall, 7,281—Butler						
Pusher Hall Hospital						
Pusher Hall Hospital						
Robertson, 714—St. Louis						
Jewish Sanatorium						
Rolla, 4,676—Phelps						
Rolla Hospital						
U. S. Treasury Hospital						
St. Charles, 10,494—St. Charles						
St. Joseph's Hospital						
St. Joseph, 1,201—Pettis						
St. Joseph Hospital						
St. Joseph, 65,160—Buchanan						
St. Mary's Sanatorium						
Missouri Methodist Hospital						
St. Joseph's Hospital						
State No. 59						
St. Louis, 82,438—St. Louis City						
Alexian Brothers Hospital						
Anheuser Busch Hospital						
Barnes Hospital and Connecting Hospitals						
Bethesda Hospital						
Bethesda General Hospital						
Christian Hospital						
City Isolation Hospital						
City Sanitarium						
St. Paul Hospital						
Frisell Memorial Home and Hospital						
Firmin Desloge Hospital						
Frisco Employes' Hospital						
Garfield Hospital						
Jewish Hospital						
Jewish Sanatorium						
Lutheran Hospital						
Missouri Baptist Hospital						
Missouri Pacific Hospital						
St. St. Ann Sanatorium						
Peoples Hospital (col.)						
Robert Koch Hospital						
St. Ann's Lying-in Hospital						
St. Anthony's Hospital						
St. John's Hospital						
St. Louis Children's Hosp.						
St. Louis City Hospital						
St. Louis City Hospital No. 2 (col.)						
St. Louis Maternity Hosp.						
St. Luke's Hospital						
St. Mary's Hospital						
St. Mary's Infirmary (col.)						
St. Vincent's Sanitarium						

MISSOURI—Continued

Hospitals and Sanatoriums	Type	Class	Beds	Bassinets	Cribs	Patients Admitted
Salvation Hospital for Crippled Children	Orth	First	125	..	..	750
U. S. Marine Hospital	Gov	USPHS	125	..	..	750
Scott, 31,179—Pettis						
Bothwell Memorial Hospital	Gov	City	120	12	77	2
Sedalia, 21,431—Pettis						
Bothwell Hospital						
Bothwell Hospital						
Sedalia Sanitarium						
Shelbina, 1,127—Shelby						
Shelbina Hospital						
Sikeston, 3,981—New Madrid						
Missouri Baptist Sanatorium						
Springfield, 57,527—Greene						
Springfield Baptist Sanitarium						
Springfield Hospital						
Springfield Sanitarium						
Springfield Sanitarium						
St. Clair, 1,211—Franklin						
St. Francis Hospital						
Ste. Genevieve, 3,241—Ste. Genevieve						
Ste. Genevieve Hospital						
Stockton, 1,021—Cedar						
Cedar Hospital						
Cedar Hospital						
Sullivan, 3,291—Franklin						
St. Francis Hospital						
Table Rock, Camp—Stone						
Jasper County Tuberculosis Hospital	TB	County	100	..	..	110
Trenton, 5,161—Grundy						
Grundy Hospital						
Union, 1,200—Franklin						
Missouri State Penitentiary Hospital	Inst	State	70	..	..	600
Warrensburg, 3,813—Johnson						
Hospital						
Fitzsimmons Memorial Home						
Warrenton, 1,200—Warren						
Warrenton Hospital						
Washington, 5,281—Franklin						
St. Francis Hospital						
Webb City, Camp—Jasper						
Jasper County Tuberculosis Hospital	TB	County	100	..	..	110
Webster Groves, 14,221—St. Louis						
Covenant Sanitarium						
Wentworth, 1,200—Newton						
Children Hospital						

Related Institutions

Bismarck, 641—Stevens						
Dr. Wm. P. J. Chew's Hosp.	Gen	Indiv	8	..	2	72
Bonnots Mill, 1,125—Lafayette						
Confederate Home Hospital	Inst	State	60	..	..	No data supplied
Bonne Terre, 2,621—Jefferson						
Valle Sanitarium						
Jefferson City, 21,256—Cole						
Missouri State Penitentiary Hospital	Inst	State	70	..	..	600
Kansas City, 248,381—Jackson						
Baptist Hospital	Inst	Corp	25	..	10	2
Fireside Convalescent Home	Inst	HFAss	11	11	..	..
Florence Crittenton Home (col.)	Inst	HFAss	15	10	6	..
Temple Emanu-El Home for Servants and Boarded Children	Hebr	Indiv	25	..	..	17
Liberty, 1,256—Clay						
Missouri Odd Fellows Home Hospital	Inst	Frat	65	..	..	72
Marshall, 4,322—Saline						
Missouri State School—Epilepsy and Feebleminded	Hebr	State	1,150	..	..	1,000
Monteagle, 200—Wright						
Evangelical Kemper Home for Epileptics and Feebleminded	Hebr	Church	125	..	..	101
Mountain Grove, 1,539—Wright						
Byrd Hospital						
Ozark, 621—Christian						
Ozark Sanitarium						
Paris, 1,167—Monroe						
Mulberry Hospital						
Perryville, 625—Perry						
Waverly Hospital						
Pineville, 327—Mcdonald						
Pineville Hospital						
Poplar Bluff, 5,161—Butler						
Poplar Bluff Hospital						
Richmond, 1,611—Ray						
Missouri School of Mines Hosp.	Inst	State	11	..	..	1
St. Charles, 10,494—St. Charles						
Evangelical Kemper Home for Epileptics and Feebleminded	Hebr	Church	140	..	..	107
St. James, 1,256—Phelps						
State Tubercl Soldiers Home Hospital	Inst	State	60	..	..	..
St. Joseph, 65,160—Buchanan						
St. Joseph Hospital	Tub	City	17	..	..	10
St. Louis, 82,438—St. Louis City						
City Infirmary	Inst	City	25	..	..	..
Medical College Hosp.						
Maternity and City Hosp. Conn.						
St. Louis Training School						
Salvation Army Women's Home and Hospital	Hebr	Church	25	10	60	6
Sedalia, 21,431—Pettis						
City Hospital No. 2 (col.)	Gen	City	12	2	1	2
Springfield, 57,527—Greene						
Anderson Home Infirmary	ENT	Corp	14	..	..	1
Green County Tuberculosis Sanatorium	TB	County	15	..	..	15
Warrensburg, 3,140—						
Oak Hill Sanitarium	Gen	Indiv	5	2	15	1
Warrensburg Clinic	Gen	Frat	15	..	2	2
Webster Groves, 14,221—St. Louis						
Hilton Convalescent Home	Conv	Frat	20	..	..	10
Wellston, 5,161—Norwell						
College Hospital	Gen	Indiv	7	2	17	2

Summary for Missouri:

	Number	Beds	Average Patients	Patients Admitted
Hospitals and sanatoriums	121	10,422	10,222	102,727
Related institutions	13	1,297	1,297	2,179
Totals	134	11,719	11,719	104,906
Deleted registration	24	1,225		

Key to symbols and abbreviations is on page 1091

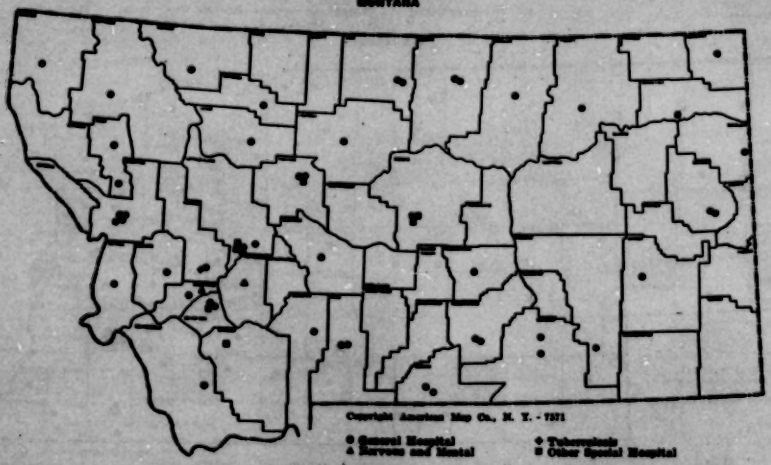
MONTANA

Hospitals and Constituents	Type	Control	Bassinets	Beds	Births	Admissions	Patients
Anaconda, 12,451—Deer Lodge							
St. Ann's Hospital	Gen	Church	40	10	90	50	900
Big Sandy, 1,120—Valley							
Big Sandy Hospital	Gen	Church	10	10	111	56	1,167
St. Vincent's Hospital[2]	Gen	Church	20	12	150	76	1,200
Bozeman, 5,625—Gallatin							
Bozeman Deaconess Hospital[2]	Gen	Church	24	12	130	82	1,119
Browning, 1,172—Glacier							
Blackfeet Hospital	Gen	I A	20	7	69	54	701
Butte, 23,532—Silver Bow							
Murray Hospital	Gen	Corp	120	11	35	97	1,200
St. Jane Hospital[2]	Gen	Church	121	11	225	91	1,200
Choteau, 650—Teton							
Choteau Hospital	Gen	Indiv	10	5	25	6	225
Conrad, 1,625—Pondera							
St. Mary's Hospital	Gen	Church	24	10	67	13	207
Crow Agency, 115—Big Horn							
Crow Indian Hospital	Gen	I A	10	6	54	19	400
Dry Lodge, 1,525—Powell							
Montana State Tuberculosis Sanitorium	TB	State	100	..	..	127	225
St. Joseph's Hospital	Gen	Church	10	5	25	14	225
Dillon, 2,625—Beaverhead							
Barrett Hospital	Gen	NFAssn	12	4	40	6	200

MONTANA—Continued

Hospitals and Constituents	Type	Control	Bassinets	Beds	Births	Admissions	Patients
Lame Deer, 1,522—Rosebud							
Tongue River Agency Hospital	Gen	I A	47	6	51	19	350
Lavinaria, 14,538—Fergus							
St. Joseph's Hospital[2]	Gen	Church	25	15	160	69	1,600
Libby, 1,176—Lincoln							
Libby General Hospital	Gen	Indiv	14	5	40	5	200
Livingston, 6,501—Park							
Park Hospital	Gen	Indiv	12	6	15	12	400
Miles City, 7,175—Custer							
Miles City Hospital	Gen	Church	25	7	120	52	1,475
Missoula, 14,657—Missoula							
Northern Pacific Beneficial Association Hospital	Indus	NFAssn	12	..	..	20	1,200
St. Patrick's Hospital[2]	Gen	Church	25	11	140	62	1,225
Sylvester Memorial Hospital	Gen	Part	12	6	25	7	225
Pinkerwood, 1,527—Sheridan							
Sheridan Memorial Hospital	Gen	NFAssn	10	5	21	7	225
Poplar, 1,656—Roosevelt							
Fort Peck Indian School Hosp.	Gen	I A	22	5	No data supplied		
Red Lodge, 1,662—Carbon							
St. Hilarion Hosp. and Sanit.	Gen	NFAssn	25	4	No data supplied		
Ronan, 1,187—Lake							
Mission Valley Hospital	Gen	Indiv	20	6	25	5	227
St. Ignatius, 871—Lake							
Holy Family Hospital	Gen	Church	21	6	60	5	240

MONTANA



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○ General Hospital
△ Nervous and Mental
◇ Tuberculosis
□ Other Special Hospital

Total hospitals in Montana, 59; general, 49; general beds occupied, 51.5 per cent; population per general bed, 187.

Ft. Benton, 1,525—Chouteau						
St. Clare Hospital	Gen	Church	40	6	60	20	300
Ft. Harrison, Lewis and Clark						
Veteran Administration Facility	Gen	Vet	400	..	..	170	4,000
Ft. Missoula (Missoula P.O.), Missoula							
Station Hospital	Gen	Army	41	..	..	25	450
Glasgow, 2,120—Valley							
Frances Mahon Deaconess Hospital	Gen	Church	30	6	300	30	1,024
Glendive, 4,625—Dawson							
Dawson County Hospital	Gen	County	25	5	87	15	....
Glendive Parish Hospital	Gen	NFAssn	20	5	25	25	1,150
Great Falls, 29,536—Cascade							
Columbus Hospital[2]	Gen	Church	200	85	400	161	3,500
Montana Deaconess Hospital[2]	Gen	Church	140	50	550	65	1,571
Hamilton, 1,250—Ravalli							
Hamilton Daly Memorial Hosp.	Gen	NFAssn	20	6	24	10	600
Havre, 1,500—Big Horn							
Havre General Hospital	Gen	Corp	20	5	..	..	....
Harlem, 90—Blaine							
Ft. Belknap Indian Hospital and Agency	Gen	I A	42	8	24	25	200
Hayre, 6,625—Hill							
Deaconess Hospital[2]	Gen	Church	21	11	60	22	500
Sacred Heart Hospital[2]	Gen	Church	75	5	150	65	1,500
Helena, 11,537—Lewis and Clark							
St. John's Hospital[2]	Gen	Church	50	15	150	24	625
St. Peter's Hospital	Gen	NFAssn	20	10	125	25	750
Kalispell, 5,684—Flathead							
Kalispell General Hospital	Gen	Church	24	6	67	16	225

Sidney, 1,616—Richland						
Sidney Deaconess Hospital	Gen	Church	24	6	120	16	600
Warmsprings, 110—Deerlodge						
Montana State Hospital	Ment	State	1,775	..	No data supplied		
Related Institutions						
Boulder, 502—Jefferson						
Montana State Training School for Feeble-Minded	MeDe	State	650	..	..	651	25
Butte, 23,532—Silver Bow						
Silver Bow County Hospital	Inst	County	120	5	..	125	250
Great Falls, 29,536—Cascade							
Detention Hospital	Inc	CyCo	25	..	..	4	65
Harlem, 90—Blaine							
Harlem Hospital	Gen	Indiv	12	2	25	5	70
Helena, 11,537—Lewis and Clark							
Florence Crittenton Home	Mat	NFAssn	12	10	45	10	45
Lewis and Clark County Hosp.	Inst	County	25	1	10	25	100
Lewistown, 4,208—Fergus							
Aztec Club Hospital	Surg	Corp	10	..	..	..	....
Fergus County Hospital	Gen	County	17	4	30	6	180
Livingston, 6,501—Park							
Robinson Hospital	Gen	Indiv	7	5	45	2	87
Malta, 1,548—Phillips							
Malta Hospital	Gen	Indiv	5	2	45	6	450
Philipsburg, 1,256—Granite							
Granite County Hospital	Gen	County	5	..	..	4	4
Polson, 1,455—Lake							
St. Joseph's Hospital	Gen	Church	25	10	No data supplied		

Key to symbols and abbreviations is on page 1024

MONTANA—Continued

Related Institutions	Type of Service	Control	Average Daily Census	Number of Beds	Number of Bassinets	Admissions	Patients Admitted
Twin Bridges, 571—Madison							
State Orphans' Home Hospital Inst		State	25	6	..	3	120
White Sulphur Springs, 971—Meagher							
Holley Hospital	Gen	Indiv	10	5	32	3	101

Summary for Montana:

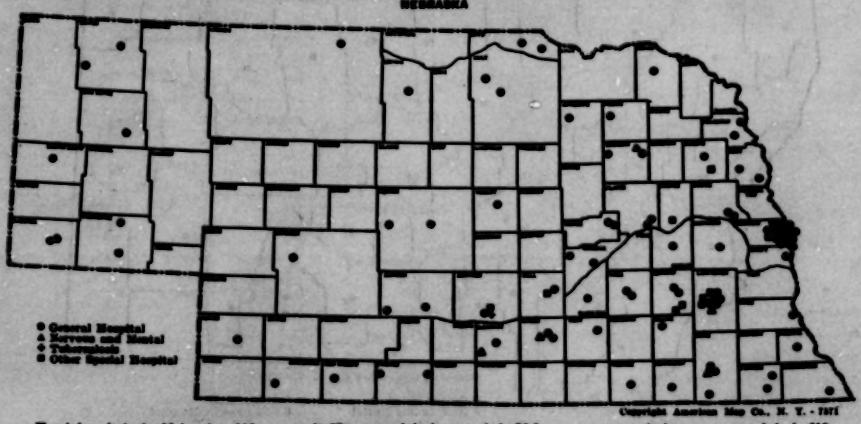
	Number	Beds	Average Daily Census	Patients Admitted
Hospitals and sanatoriums	41	1,622	1,222	37,522
Related institutions	15	797	603	1,702
Totals	56	2,419	1,825	39,224
Related registrations	6	325		

NEBRASKA

Hospitals and Sanatoriums	Type of Service	Control	Average Daily Census	Number of Beds	Number of Bassinets	Admissions	Patients Admitted
Ainsworth, 1,521—Brown							
Ainsworth Hospital	Gen	Indiv	25	5	20	..	425
Alliance, 4,626—Box Butte							
St. Joseph's Hospital*	Gen	Church	112	31	31	20	1,220
Arnold, 598—Custer							
Arnold Hospital	Gen	Indiv	17	1	No data supplied		
Auburn, 3,855—Nemaha							
Auburn Hospital	Gen	Indiv	9	6	16	3	172
Aurora, 2,712—Hamilton							
Aurora Hospital	Gen	Part	16	9	15	6	214
Beatrice, 10,597—Gage							
Beatrice Sanitarium	Gen	Indiv	25	6	15	7	193
Lutheran Hospital	Gen	Church	65	11	101	15	697
Broken Bow, 3,719—Custer							
Broken Bow Hospital	Gen	Indiv	24	4	15	6	162
Cambridge, 1,026—Furnas							
Republican Valley Hospital	Gen	Indiv	25	2	10	2	110
Chadron, 4,028—Dawes							
Chadron Municipal Hospital	Gen	City	21	7	19	6	220
Columbus, 4,482—Platte							
Columbus Hospital	Gen	NFAssn	26	6	24	14	340
St. Mary's Hospital	Gen	Church	125	50	55	62	1,347
David City, 1,585—Butler							
David City Hospital	Gen	NFAssn	13	3	25	4	287
Fairbury, 4,118—Jefferson							
Taylor Hospital	Gen	Indiv	20	2	9	3	94
Falls City, 5,731—Richardson							
Falls City Hospital	Gen	Indiv	29	10	29	7	215
Ft. Crook, 219—Sarpy							
Station Hospital	Gen	Army	20	..	..	..	697
Genoa, 1,032—Nance							
Genoa Hospital	Gen	Indiv	10	4	12	5	65
Grand Island, 18,041—Hall							
St. Francis Hospital*	Gen	Church	120	10	125	69	1,371
Harrington, 1,021—Cedar							
St. John's Hospital	Gen	Indiv	10	4	4	10	100
Hastings, 13,422—Adams							
Mary Lanning Memorial Hosp.*	Gen	NFAssn	65	25	250	54	1,600

NEBRASKA—Continued

Hospitals and Sanatoriums	Type of Service	Control	Average Daily Census	Number of Beds	Number of Bassinets	Admissions	Patients Admitted
Imperial, 945—Chase							
Imperial Community Hospital	Gen	NFAssn	12	6	25	6	180
Ingleside, 50—Adams							
Hastings State Hospital*	Ment	State	1,250	..	..	1,400	250
Kearney, 6,272—Buffalo							
Good Samaritan Hospital	Gen	Church	45	20	75	25	775
Hospital for the Tuberculous	TB	State	125	..	..	150	150
Lincoln, 75,933—Lancaster							
Bryan Memorial Hospital**	Gen	Church	100	34	200	60	1,500
Crum Cobbs, Dr. Mel. F.							
Valley Sanatorium	Gen	Corp	12	5	25	6	200
Lincoln General Hospital	Gen	City	125	50	..	60	1,500
Lincoln State Hospital	Ment	State	1,600	..	..	1,800	..
Nebraska Orthopedic Hospital	Ortho	State	100	..	..	60	1,000
St. Elizabeth's Hospital*	Gen	Church	115	35	35	50	1,000
Veterans Admin. Facility	Gen	Fed	50	..	..	50	500
Lynch, 69—Boyd							
Lynch Hospital	Gen	Indiv	5	2	6	2	100
Sacred Heart Hospital	Gen	Church	12	3	6	3	100
McCook, 4,202—Red Willow							
St. Catherine of Siena Hosp.	Gen	Church	40	10	20	10	700
Madison, 1,716—Madison							
Faulkner Hospital	Gen	Indiv	10	6	21	6	317
Nebraska City, 7,228—Otoe							
St. Mary's	Gen	Church	15	10	100	10	200
Norfolk, 10,717—Madison							
Norfolk State Hospital*	Ment	State	1,241	..	..	1,000	125
Veyer Sanitarium	Gen	Indiv	20	5	..	6	125
Oakland, 1,402—Burt							
Oakland Community Hospital	Gen	Indiv	12	5	21	5	140
Omaha, 214,006—Douglas							
Bishop Clarkson Memorial Hospital*	Gen	Church	100	0	105	71	1,047
Clarkson Memorial St. Joseph's Hospital*	Gen	Church	207	21	60	170	4,577
Douglas County Hospital*	Gen	County	225	225	225	60	5,000
Evangelical Covenant Hosp.**	Gen	Church	112	12	12	6	1,000
Evangelical Deaconess Hospital**	Gen	Church	112	12	12	6	1,000
Lord Lister Hospital	Gen	Indiv	100	12	100	6	1,000
Lutheran Hospital	Gen	Church	100	12	100	6	1,000
Nebraska Methodist Episcopal Hosp. and Deaconess Hosp.**	Gen	Church	172	24	60	100	2,000
St. Catherine's Hospital*	Gen	Church	120	12	120	60	2,177
Station Hospital	Gen	Army	12	..	..	6	140
University of Nebraska Hospital**	Gen	State	177	20	60	100	2,120
Ord, 2,522—Valley							
Ord Hospital	Gen	Indiv	15	2	12	6	200
Oxford, 1,116—Furnas							
Oxford General Hospital	Gen	Corp	14	5	22	7	270
Pawnee City, 1,272—Pawnee							
Pawnee Hospital	Gen	Indiv	20	4	6	12	200
Scottsbluff, 5,585—Scotts Bluff							
West Nebraska Methodist Episcopal Hospital*	Gen	Church	30	30	100	25	1,400
Seward, 2,727—Seward							
Seward and Clarke Hospital	Gen	Part	20	6	14	..	..
Seward Hospital	Gen	Indiv	12	4	21	5	150
Sidney, 3,522—Cheyenne							
Taylor Hospital	Gen	Indiv	20	5	25	6	270



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Total hospitals in Nebraska, 102; general, 87; general beds occupied, 52.2 per cent; population per general bed, 319.

Key to symbols and abbreviations is on page 1031

NEBRASKA—Continued

Hospitals and Sanatoriums	Type	Class	Bassinets	Beds	Nurses	Interns	Average Patients	Patients Admitted
Spencer, 670—Boyd								
Spencer Hospital	Gen	Part	10	1	No data supplied			
Stuart, 700—Holt								
Wilson Hospital	Gen	Indiv	10	3	12	12	449	
Valentine, 1,462—Cherry								
Cherry County Hospital	Gen	Indiv	15	4	10	6	297	
Wahoo, 3,026—Saunders								
Community Hospital	Gen	Indiv	10	7	23	7	574	
Wayne, 5,582—Wayne								
Wesleyan Inn Hospital	Gen	I A	21	6	75	23	1,040	
York, 5,772—York								
Lutheran Hospital	Gen	Church	62	70	61	15	695	
York Clinic and Clinic Hosp.	Gen	Part	12	4	13	5	183	
Selected Institutions								
Alliance, 3,144—Box Butte								
Alliance General Hospital	Gen	Indiv	6	2	2	2	64	
Ansley, 600—Custer								
Bethesda Rural Mission	Mate	Church	120	..	No data supplied			
Beatrice, 11,447—Gage								
Nebraska Institution for Feebleminded	Mate	State	1,272	..	..	1,194	23	
Bennet, 371—Lancaster								
Bennet Hospital	Gen	Indiv	10	4	2	1	29	
Central City, 2,624—Merrick								
L. E. Rowe Hospital	Gen	Indiv	10	..	..	..	....	
Dodge, 626—Dodge								
Pioneer Memorial Hospital	Gen	Indiv	10	2	12	2	102	
Fairbury, 4,021—Jefferson								
Fairbury Hospital	Gen	Indiv	12	2	40	2	283	
Fremont, 11,407—Dodge								
Lutheran Good Samaritan Hospital	Gen	Church	25	2	22	11	621	
Memory Annex Hospital	Gen	Indiv	12	6	20	7	416	
Friend, 1,214—Saline								
Lutheran Good Samaritan Women Memorial Hospital	Gen	Church	14	4	20	5	171	
Gering, 1,898—Scotts Bluff								
Community Hospital	Gen	Part	8	2	10	1	81	
Grand Island, 16,040—Hall								
Nebraska Soldiers and Sailors Home Psychiatry Hospital	Inst	State	200	..	..	70	69	
Hastings, 14,336—Adams								
Dr. Egbert Hospital	Gen	Indiv	10	2	6	6	114	
Holdrege, 5,221—Phelps								
Mary Lanning Memorial Hospital	Gen	Indiv	10	5	24	9	261	
Hooper, 1,156—Dodge								
Hoskinson Hospital	Gen	Indiv	12	4	..	..	....	
Kearney, 7,021—Buffalo								
State Industrial School for Girls	Inst	State	14	..	..	2	140	
Lincoln, 1,711—Cherrell								
Bethel Hospital	Gen	Indiv	12	4	14	2	220	
Bryant and Everett Hospital	Gen	Part	11	4	20	6	251	
Lexington, 4,021—Dawson								
City General Hospital	Gen	Indiv	10	2	21	2	149	
Lincoln, 7,627—Lancaster								
Bethesda Hospital	Inc	City	10	..	..	..	4	
Nebraska State Penitentiary Hospital	Inst	State	22	..	..	1	200	
Milford, 625—Seward								
Nebraska Industrial Home	Inst	State	15	11	22	2	81	
Nebraska Soldiers and Sailors Home Hospital	Inst	State	60	..	..	40	109	
Odell, 67—Gage								
Odell General Hospital	Gen	Indiv	8	2	10	2	200	
Omaha, 214,006—Douglas								
Frederick Hospital	Gen	Indiv	2	2	..	..	....	
Salvation Army Women's Home and Hospital	Mat	Church	20	11	101	20	120	
Swift Memorial Hospital	Gen	Indiv	25	..	No data supplied			
Orchard, 556—Antelope								
Orchard Hospital	Gen	Indiv	10	2	5	1	70	
Palmer, 626—Merrick								
Coolidge Hospital and Sanat.	Gen	NPAssn	10	2	..	2	60	
Pleasanton, 1,056—Buffalo								
Pleasanton General Hospital	Gen	NPAssn	5	4	20	2	120	
Schuyler, 5,239—Colfax								
Eckrich Hospital	Surg	Indiv	15	2	No data supplied			
Stanton, 692—Stanton								
Dr. Stewart's Private Hospital	Gen	Indiv	14	2	..	..	....	
Sutherland, 325—Lincoln								
Daniel Hospital	Gen	Indiv	10	4	10	2	200	
Sutton, 1,562—Clay								
Sutton Hospital	Gen	Indiv	12	2	10	2	95	
Table Rock, 670—Pawnee								
McClure Private Hospital	Gen	Indiv	10	2	11	1	21	
Tekamah, 1,684—Burt								
Tekamah General Hospital	Gen	Indiv	12	2	20	2	127	
Tilden, 1,102—Madison								
Tilden Hospital	Gen	Indiv	9	2	8	1	87	
Walthill, 1,180—Thurston								
Dr. Fleetz Memorial Hospital	Gen	Indiv	12	4	7	2	70	
Westgate, 2,625—Cuming								
St. Joseph Home for Aged and Hospital	Inst	Church	10	1	22	2	247	

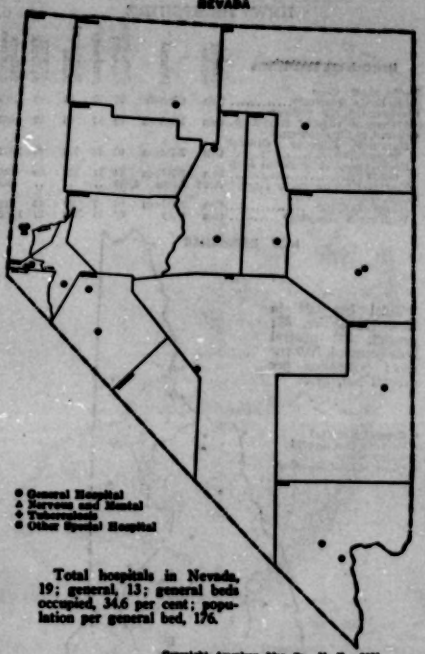
Summary for Nebraska:

	Number	Beds	Average Patients	Patients Admitted
Hospitals and sanatoriums	94	5,022	4,167	47,000
Selected institutions	20	2,022	1,222	4,791
Totals	102	10,022	7,722	62,342
Refused registration	11	814		

NEVADA

Hospitals and Sanatoriums	Type	Class	Bassinets	Beds	Nurses	Interns	Average Patients	Patients Admitted
Austin, 1,502—Lander								
Lander County Hospital	Gen	County	10	1	1	1	22	
Boulder City, 1,624—Clark								
St. Companeta Int. Hosp.	Indus	Corp	60	..	..	20	262	
East Ely, 1,282—White Pine								
Steptoe Valley Hospital	Gen	Corp	40	7	21	13	302	
Elko, 4,217—Elko								
Elko General Hospital	Gen	County	40	4	60	20	400	
Ely, 1,422—White Pine								
White Pine County and General Hospital	Gen	County	20	4	20	21	400	

NEVADA



● General Hospital
▲ Nervous and Mental
■ Tuberculosis
◆ Other Special Hospital

Total hospitals in Nevada, 19; general, 13; general beds occupied, 34.6 per cent; population per general bed, 176.

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Hawthorne, 825—Mineral								
Mineral County Hospital	Gen	County	12	..	6	4	149	
Las Vegas, 5,165—Clark								
Las Vegas Hospital	Gen	NPAssn	40	6	120	22	662	
Reno, 12,020—Washoe								
Nevada State Hospital for Mental Diseases	Ment	State	220	..	..	220	25	
St. Mary's Hospital	Gen	Church	32	22	111	24	1,222	
Washoe General Hospital	Gen	County	120	6	62	..	2,042	
Schurz, 72—Mineral								
Walker River Indian Hospital	Gen	I A	22	2	25	12	277	
Stewart, 625—Ormsby								
Carson Indian Hospital	Gen	I A	22	4	17	25	212	
Tonopah, 4,146—Nye								
Tonopah Miner Hospital	Gen	NPAssn	20	2	21	7	220	
Winnemucca, 1,620—Humboldt								
Humboldt County General Hospital	Gen	County	22	2	No data supplied			
Selected Institutions								
Battle Mountain, 1,120—Lander								
Battle Mountain General Hosp.	Gen	County	12	4	12	2	21	
Eureka, 625—Eureka								
Eureka County Hospital	Gen	County	2	..	No data supplied			
Fiesta, 215—Lincoln								
Fiesta Hospital	Indus	Indiv	2	..	No data supplied			

Key to symbols and abbreviations is on page 1031

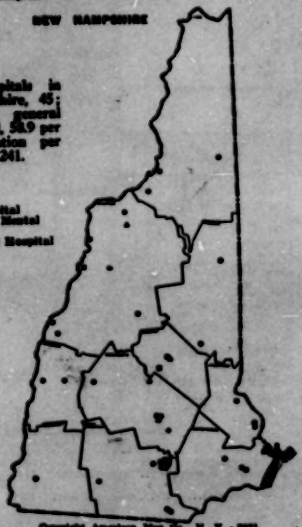
NEVADA—Continued

Related Institutions	Type	Class	Beds	Bassinets	Total Personnel	Average Patients	Patients Admitted
Stewart, 412—Ormsby							
Carson Indian School Hospital	Inst	I A	30	..	..	11	300
Yerington, 1,026—Lyon							
Lyon County Hospital	Gen	County	15	..	..	11	74

Summary for Nevada:	Number	Beds	Average Patients	Patients Admitted
Hospitals and sanatoriums	14	469	160	7,829
Related institutions	6	67	21	321
Totals	20	1,536	371	8,150
Refused registration	1	20		

NEW HAMPSHIRE

Hospitals and Sanatoriums	Type	Class	Beds	Bassinets	Total Personnel	Average Patients	Patients Admitted
Berlin, 15,629—Coos							
St. Louis Hospital	Gen	Church	75	10	60	40	1,200
Claremont, 10,977—Sullivan							
Claremont General Hospital	Gen	NPAssn	32	10	30	20	600
Concord, 22,732—Merrimack							
Margaret Pillsbury General Hospital	Gen	NPAssn	90	10	107	60	1,302
New Hampshire Memorial Hospital	Gen	NPAssn	44	11	100	30	600
New Hampshire State Hosp.	Ment	State	1,500	..	..	..	300
Dover, 13,573—Strafford							
Dover Hospital	Gen	NPAssn	25	7	24	15	624
Wentworth Hospital	Gen	City	60	15	100	37	1,100
Exeter, 4,572—Rockingham							
Exeter Hospital	Gen	NPAssn	60	12	125	21	717
Franklin, 4,202—Merrimack							
Franklin Hospital	Gen	NPAssn	25	7	67	15	365
Glenclif, 88—Grafton							
New Hampshire State Sanatorium for the Treatment of Tuberculosis	TB	State	110	..	..	90	51
Grantham, 350—Sullivan							
Hillsborough County General Hospital	Gen	County	100	8	101	122	1,100
Hanover, 5,052—Grafton							
Mary Hitchcock Memorial Hospital	Gen	NPAssn	125	14	61	50	1,020
Keene, 10,784—Cheshire							
Elliot Community Hospital	Gen	NPAssn	70	15	207	45	1,415
Laconia, 11,471—Belknap							
Laconia Hospital	Gen	NPAssn	60	24	172	40	1,720
Lancaster, 3,597—Coos							
Lancaster Hospital	Gen	NPAssn	15	5	22	9	365


NEW HAMPSHIRE
Total hospitals in New Hampshire, 45; general, 34; general beds occupied, 58.9 per cent; population per general bed, 241.
General Hospital
Nervous and Mental
Tuberculosis
Other Special Hospital

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NEW HAMPSHIRE—Continued

Hospitals and Sanatoriums	Type	Class	Beds	Bassinets	Total Personnel	Average Patients	Patients Admitted
Littleton, 4,832—Grafton							
Littleton Hospital	Gen	NPAssn	25	6	60	19	500
Manchester, 76,808—Hillsboro							
Balch Hospital for Children	Chil	City	25	..	..	15	300
Elliot Hospital	Gen	NPAssn	75	15	217	65	1,377
Hospital Notre-Dame De Lourdes	Gen	Church	25	7	75	6	1,000
Mary Hitchcock Hospital	Gen	NPAssn	25	6	75	19	600
Our Lady of Perpetual Help Hospital	Mat	Church	25	10	25	4	300
Sacred Heart Hospital	Gen	Church	60	25	75	54	1,264
Manchester, 76,808—Hillsboro							
Notre Dame Hospital	Gen	NPAssn	77	25	125	55	1,500
St. Joseph's Hospital	Gen	Church	154	17	200	85	2,700
New London, 812—Merrimack							
New London Hospital	Gen	NPAssn	21	4	30	5	200
Newport, 4,698—Sullivan							
Cyrus F. Wright Memorial Hospital	Gen	NPAssn	20	9	70	10	400
North Conway, 1,500—Carroll							
Memorial Hospital	Gen	NPAssn	25	9	64	17	600
Penacook, 2,—Merrimack							
Penacook Sanatorium	TB	Corp	100	..	..	85	85
Peterboro, 2,592—Hillsboro							
Peterboro Hospital	Gen	NPAssn	20	6	77	15	387
Plymouth, 3,456—Grafton							
Mary Hitch. and Soldiers and Sailors Memorial Hospital	Gen	NPAssn	20	3	No data supplied		
Portsmouth, 14,820—Rockingham							
Portsmouth Hospital	Gen	NPAssn	64	16	100	37	1,077
U. S. Naval Hospital	Gen	Navy	120	..	..	85	600
Rochester, 10,350—Strafford							
Frisbie Memorial Hospital	Gen	NPAssn	25	5	121	21	1,011
Whitefield, 1,600—Coos							
Morrison Hospital	Gen	Corp	20	6	37	17	600
Wolfeboro, 2,626—Carroll							
Huggins Hospital	Gen	NPAssn	21	6	70	10	700
Woodsville, 1,575—Grafton							
Cottage Hospital	Gen	Corp	25	6	77	13	600
Epping, 1,672—Rockingham							
Rockingham County Hospital	Gen	County	30	2	9	20	75
Exeter, 4,572—Rockingham							
Lamont, Infirmary	Inst	NPAssn	20	..	..	8	200
Francestown, 514—Grafton							
The Johnson	McDr	Part	10	..	..	6	6
Haverhill, 5,402—Grafton							
Grafton County Hospital	Inst	County	30	4	14	27	331
Laconia, 12,471—Belknap							
Laconia State School	McDr	State	800	..	..	800	37
Lebanon, 7,972—Grafton							
Alice Peck Day Memorial Hosp.	Gen	NPAssn	9	4	27	5	132
Manchester, 76,808—Hillsboro							
Manchester Isolation Hospital	Iso	City	67	..	..	9	112
Portsmouth, 14,820—Rockingham							
Mark H. Wentworth Home for Chronic Invalids	Inv	NPAssn	44	..	..	41	12
Tilton, 1,713—Belknap							
New Hampshire Soldiers Home	Inst	State	25	..	No data supplied		

Summary for New Hampshire:	Number	Beds	Average Patients	Patients Admitted
Hospitals and sanatoriums	35	4,677	3,102	31,622
Related institutions	9	823	703	1,328
Totals	45	4,500	3,805	32,950
Refused registration	1	25		

NEW JERSEY

Hospitals and Sanatoriums	Type	Class	Beds	Bassinets	Total Personnel	Average Patients	Patients Admitted
Allaire, 300—Monmouth							
Allaire Sanatorium and Monmouth County Hospital for Tuberculosis	TB	County	300	..	..	250	225
Atlantic City, 64,094—Atlantic							
Atlantic City Hospital	Gen	NPAssn	271	45	321	165	5,824
Children's Seashore House of Atlantic City for Invalid Children	Orth	NPAssn	275	..	..	175	1,207
Bayonne, 55,545—Hudson							
Bayonne Hospital and Dispensary	Gen	NPAssn	170	25	250	110	1,500
Bayway Sanatorium	Gen	Indiv	25	6	25	4	170
Belle Mead, 31—Somerset							
Belle Mead Sanatorium and Farm	NAM	Corp	65	..	..	32	35
Belleville, 24,071—Essex							
Essex County Hospital for Contagious Diseases	Iso	County	200	..	2	200	2,200
Bernardsville, 1,282—Somerset							
Shandon, Lodge	Conv	Corp	40	..	..	12	72
Boonton, 7,527—Morris							
Boonton Hospital	Gen	NPAssn	30	8	45	17	600
Bridgeton, 15,622—Cumberland							
Bridgeton Hospital	Gen	NPAssn	95	15	150	65	1,215
Byers Mills, 212—Burlington							
Deborah Sanatorium	TB	NPAssn	45	..	..	44	112
Camden, 118,700—Camden							
Bellevue Private Hospital	Gen	Indiv	25	11	65	5	250

Key to symbols and abbreviations is on page 1094

NEW JERSEY—Continued

Hospitals and Considerations	Type of Hospital	Control	Number of Beds	Number of Bassinets	Number of Admissions	Number of Births	Number of Patients Registered
Ocean Hospital•◊	Gen	NFAmn	35	35	1,385	30	6,650
West Jersey Homeopathic Hospital	Gen	NFAmn	247	30	685	30	6,000
Cedar Grove, Essex County							
West Essex County Hospital•	Ment	County	1,427	..	..	1,200	200
Dover, 16,631—Morris							
Dover General Hospital	Gen	Corp	72	15	300	8	1,000
Dunellen, 5,491—Bergen							
Tremont Private Hospital	Gen	Indv	12	1	21	1	10
East Orange, 68,020—Essex							
Community Hospital of East Orange	Gen	NFAmn	50	25	600	0	5,000
Elizabeth, 65,726—Union							
Elizabeth General Hospital	Gen	Church	165	..	..	25	1,000
Elizabeth General Hospital and Dispensary	Gen	NFAmn	225	25	750	225	6,000
St. Elizabeth Hospital	Gen	Other	225	25	750	225	6,000
Englewood, 16,391—Bergen							
Englewood Hospital	Gen	NFAmn	125	20	625	167	6,000
Fort Dix—Burlington							
Station Hospital	Gen	Army	20	..	..	14	200
Franklin, 4,727—Sussex							
Franklin Hospital	Gen	Corp	10	0	15	0	50
Freehold, 5,451—Monmouth							
Freehold Hospital	Gen	Indv	10	0	20	0	50
Glen Gardner, 61—Hunterdon							
New Jersey Sanatorium for Consumptives•	TB	State	60	..	..	60	80
Glenside, 800—Camden							
Camden County General Hosp.	Gen	County	50	..	..	50	60
Camden County Hospital for Insane	Ment	County	50	..	..	50	60
Lakehurst, Monmouth•◊	TB	County	50	..	..	50	60
Greystone Park—Morris							
New Jersey State Hospital•◊	Ment	State	4,500	..	..	4,000	1,000
Hackensack, 34,481—Bergen							
Hackensack Hospital	Gen	NFAmn	225	47	800	150	6,000
Hoboken, 50,707—Hudson							
St. Mary Hospital•◊	Gen	Church	400	30	270	250	4,000
Irvington, 56,731—Essex							
Irvington General Hospital	Gen	City	70	17	300	0	1,724
Jersey City, 316,715—Hudson							
Christ Hospital•◊	Gen	NFAmn	300	100	4,000	1,000	15,000
Fifteenth Ward Hospital	Gen	NFAmn	50	0	600	0	1,000
Jersey City Hospital	Gen	City	500	100	4,000	1,000	15,000
Margaret Hague Maternity Hospital	Mat	County	250	250	4,000	250	5,000
St. Francis' Hospital•◊	Gen	Other	250	25	1,000	250	5,000
Kearny (Arlington P.O.), 40,776—Hudson							
West Hudson Hospital	Gen	NFAmn	50	25	1,000	250	5,000
Lakewood, 4,483—Ocean							
Point Pleasant Hospital	Gen	NFAmn	50	10	250	25	1,000
Long Branch, 13,298—Monmouth							
St. E. O. Memorial Hospital	Gen	NFAmn	125	25	625	150	5,000
Monmouth Memorial Hosp.•◊	Gen	NFAmn	125	25	625	150	5,000
Lyons—Somerset							
Veterans Admin. Facility	Ment	Vet	500	..	..	500	500
Marlton, 500—Burlington							
Medford Farm State Hospital	Ment	State	1,750	..	..	1,500	250
Medford, 1,426—Burlington							
Lenape Sanatorium	NAM	NFAmn	100	..	No data supplied		
Metuchen, 13,954—Middlesex							
Metuchen Memorial	Gen	NFAmn	0	0	No data supplied		
Montclair, 42,017—Essex							
Montclair Community Hosp.	Gen	NFAmn	250	250	4,000	1,000	15,000
St. Vincent's Hospital	Gen	Church	250	25	1,000	250	5,000
St. Barnabas, 5,447—Essex							
St. Barnabas Hospital	Gen	Church	250	25	1,000	250	5,000
Montclair, Memorial Hosp.•	Gen	County	250	25	1,000	250	5,000
Mount Holly, 5,795—Burlington							
Burlington County Hos.•◊	Gen	NFAmn	110	10	371	0	5,000
Newark, 438,776—Essex							
Babies Hospital•◊	Gen	NFAmn	150	25	625	125	5,000
Newark, 438,776—Essex							
Babies Hospital-Cut Rate Clinic	Chl	NFAmn	0	..	..	0	0
Bethel (Old Home for Old Folks)	Orth	NFAmn	150	..	..	0	0
Bethesda (Old Home for Children)	Orth	NFAmn	150	..	..	0	0
Beth Israel Hosp. (Inc.)							
Bethlehem Hospital							
Bethlehem Old Folks Home							
Bethlehem Orphan Asylum							
Children's Hospital							
Christ Hospital							
Clara Maass Memorial							
Columbus Hospital							
Dr. Walker's Sanatorium							
Dr. Walker's Sanatorium (Inc.)							
Holy Family Home (Inc.)	Gen	Indv	10	0	No data supplied		
New Brunswick, 33,387—Middlesex							
Bethany	NAM	Indv	50	..	..	Nur	
Middlesex General Hospital	Gen	NFAmn	150	25	625	150	5,000
St. Peter's General Hospital•◊	Gen	Church	150	25	625	150	5,000
New Lisbon, 32—Burlington							
Veterans Hospital	TB	County	125	..	..	100	100
Newton, 4,651—Sussex							
Newton Memorial Hospital	Gen	NFAmn	40	7	81	10	800
Northfield, 7,521—Atlantic							
Atlantic County Hospital for Mental Diseases	Ment	County	450	..	..	350	100

NEW JERSEY—Continued

Hospitals and Considerations	Type of Hospital	Control	Number of Beds	Number of Bassinets	Number of Admissions	Number of Births	Number of Patients Registered
Atlantic County Hospital for Tuberculosis	TB	County	50	..	..	0	75
Oceanport, 1,676—Monmouth							
Station Hospital	Gen	Army	50	1	14	10	200
Orange, 35,399—Essex							
New Jersey Orthopaedic Hospital and Dispensary•	Orth	NFAmn	60	..	..	50	1,000
Orange Memorial Hospital•◊	Gen	NFAmn	225	25	1,500	250	5,000
St. Mary's Hospital•◊	Gen	Church	225	25	625	0	1,000

NEW JERSEY

● General Hospital
■ Special and Mental
▲ Tuberculosis
◆ Other Special Hospital

Total hospitals in New Jersey, 172; general, 93; general beds occupied, 66.5 per cent; population per general bed, 340.

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Passaic, 62,959—Passaic							
Passaic General Hospital	Gen	NFAmn	225	25	625	150	5,000
Paterson, 135,875—Passaic							
St. Mary's Hospital	Gen	Church	150	25	625	150	5,000
Paterson, 135,875—Passaic							
Barbour and Nelson Barnert Memorial Hospital•◊	Gen	NFAmn	225	25	625	150	5,000
Paterson General Hospital•◊	Gen	NFAmn	225	25	625	150	5,000
Riverview Sanatorium	TB-M	Corp	50	..	14	0	60
St. Joseph's Hospital•◊	Gen	Church	225	25	750	250	6,000
Valley View Sanatorium	TB	County	250	..	..	250	250
Perth Amboy, 41,662—Middlesex							
Perth Amboy General Hosp.•	Gen	NFAmn	150	15	500	100	3,000
Phillipsburg, 15,491—Warren							
Warren Hospital	Gen	NFAmn	75	10	225	25	1,000
Plainfield, 34,958—Union							
Muhlenberg Hospital•◊	Gen	NFAmn	250	25	750	125	4,000
Point Pleasant, 1,626—Ocean							
Point Pleasant Hospital	Gen	County	50	5	75	11	200
Princeton, 6,622—Mercer							
Princeton Hospital	Gen	NFAmn	25	15	150	50	1,000

Key to symbols and abbreviations is on page 1031

NEW JERSEY—Continued

Hospitals and Sanatoriums	Class	Ownership	Approved Internship	Beds	Bassinets	Patients Admitted	Patients Remaining
Rahway, 14,021—Union							
Rahway Memorial Hospital	Gen	NPAssn	100	20	170	62	1,400
Red Bank, 11,672—Monmouth							
Riverview Hospital	Gen	NPAssn	20	10	122	19	611
Ridgewood, 12,195—Bergen							
"Bergen Pines" Bergen County Hospital	Tbc	County	200	..	..	229	700
Riverside, 4,600—Burlington							
Riverside Memorial Hospital	Gen	NPAssn	12	5	21	3	134
Salem, 6,657—Salem							
Salem County Memorial Hosp.	Gen	NPAssn	40	9	201	20	1,101
South Dukes, 1,500—Union							
South Side Sanatorium	TB	County	201	..	..	200	200
Somerville, 6,000—Somerset							
Hudson County Contagious Disease Hospital	Inc	County	200	..	..	65	275
Hudson County Tuberculosis	Gen	County	200	12	..	200	661
Hudson County Hospital for Mental Diseases	Ment	County	1,600	..	..	1,200	241
Hudson County Penitentiary Hospital and Sanatorium	TB	County	207	..	..	200	770
Spring Lake, 2,000—Monmouth							
New Jersey State Village for Epileptics	Epil	State	1,257	..	..	1,211	100
Swarts Point, 1,000—Atlantic							
Atlantic Shores Hospital	Gen	NPAssn	60	9	71	25	2,211
Summit, 11,000—Somerset							
Summit Hospital	Gen	NPAssn	70	14	204	29	2,102
South Amboy, 6,000—Middlesex							
South Amboy Memorial Hosp.	Gen	NPAssn	25	6	60	15	600
Spring Lake, 1,000—Monmouth							
Fair Oaks Sanatorium	Nerv	Corp	42	..	..	27	120
Overlook Hospital*	Gen	NPAssn	115	21	212	60	1,770
Summit, 11,000—Union							
Alexander Linn Hospital	Gen	City	20	5	20	7	200
Teaneck, 2,500—Bergen							
Holy Name Hospital*	Gen	Church	170	44	600	102	3,625
Trenton, 123,356—Mercer							
Chancellor Ave. Hospital	Gen	NPAssn	27	9	67	11	221
Charles Private Hospital	N&M	Corp	40	..	..	21	407
Mercer Hospital*	Gen	NPAssn	211	57	600	120	3,000
New Jersey State Hospital	Ment	State	2,720	..	..	1,000	604
Orthopedic Hospital and Industries*	Orth	NPAssn	20	..	..	24	221
St. Francis Hospital*	Gen	Church	202	32	201	160	4,200
Trenton Municipal Hospital	Inc	City	60	..	..	200	600
William Muhlenberg Memorial Hospital*	Gen	NPAssn	140	20	605	90	2,500
Union City, 58,659—Hudson							
Hamilton Sanitarium	Gen	Corp	25	15	62	6	225
Verona, 7,142—Essex							
Essex Mountain Sanatorium*	TB	County	614	..	..	612	612
Vineland, 7,155—Cumberland							
Brosseau Hospital	Gen	NPAssn	25	15	250	41	1,107
Weehawken (Union City P.O.), 14,207—Hudson							
North Hudson Hospital*	Gen	NPAssn	140	25	122	95	2,500
Woodbury, 8,175—Gloucester							
Brewer Hospital	Gen	Indiv	12	6	25	12	225
Underwood Hospital	Gen	Corp	40	20	104	25	1,000
Related Institutions							
Atlantic City, 64,151—Atlantic							
Dr. Leonard's Private Sanit.	Dent	Indiv	25	..	..	..	27
Municipal Hospital	Inc	City	60	..	..	No data supplied	
Bridgeton, 14,698—Cumberland							
Cumberland County Hospital for Insane	Ment	County	202	..	..	107	67
[17 Hall Sanitarium	N&M	Indiv	20	..	..	20	21
[17 Mayer	Conv	Indiv	20	..	..	12	....
Bayonne Mills, 252—Hunterdon							
Bayonne Mills Nursing Cottage	TB	Corp	21	..	..	65	21
Mrs. Leonard's Manor Nursing Cottage	TB	Indiv	27	..	..	23	20
Sycamore Hall Sanitarium	TB	Indiv	20	..	..	Nov	....
Burlington, 10,344—Burlington							
Lincoln Home	Inst	Prot	20	..	..	25	75
Caldwell, 5,144—Essex							
Theresa Grotta Home for Convalescents	Conv	NPAssn	42	..	..	20	200
Camden, 118,700—Camden							
Municipal Hospital for Contagious Diseases	Inc	City	100	..	..	20	400
Chatsworth, 250—Burlington							
The Pines Sanatorium	TB	Indiv	20	..	..	..	....
Farmingdale, 600—Monmouth							
Tuberculin Preventorium for Children	TB	NPAssn	207	..	..	175	600
Haddonfield, 5,021—Camden							
Barrett School	McDr	NPAssn	100	..	..	71	20
Jamesburg, 2,040—Middlesex							
New Jersey State Home for Boys	Inst	State	25	..	..	15	1,600
Jersey City, 299,715—Hudson							
Jersey City, Inc., Boys and Girls Home	EST	NPAssn	10	..	..	No data supplied	
Salvation Army Door-of-Hope Home and Hospital	Mat	Church	0	0	65	6	25
Lakewood, 5,000—Ocean							
Lakewood Sanatorium	N&M	Indiv	15	..	..	10	2
Longport, 350—Atlantic							
Betty Bacharach Home for Al-Bet Children	Orth	Prot	115	..	..	57	50
Menlo Park, 225—Middlesex							
New Jersey Home for Disabled Soldiers	Inst	State	160	..	..	25	71

NEW JERSEY—Continued

Related Institutions	Class	Ownership	Approved Internship	Beds	Bassinets	Patients Admitted	Patients Remaining
Morristown, 15,197—Morris							
Aurora Health Institute	Conv	Corp	20	..	..	20	200
Newark, 450,257—Essex							
Newark City Almshouse	Inst	City	20	..	..	20	200
Newark Convalescent Hospital	Conv	City	120	..	..	121	27
New Brunswick, 34,555—Middlesex							
New Jersey Infirmary	Inst	NPAssn	15	..	..	7	70
Newfoundland, 200—Morris							
Idylwood Sanatorium	TB	Corp	40	..	..	21	44
New Lisbon, 121—Burlington							
Burlington County Hospital for the Insane	Ment	County	272	..	..	207	24
State Colony for Feebleminded Males	McDr	State	720	..	..	720	140
Northfield, 6,626—Atlantic							
Atlantic County General Hosp.	Inst	County	125	..	..	27	20
North Wildwood (Wildwood P.O.), 4,249—Cape May							
Margaret Hewitt Hospital	Gen	Indiv	20	20	No data supplied		
Ocean City, 6,015—Cape May							
Ocean City Seashore Home for Babies	Chl	NPAssn	40	..	No data supplied		
Ocean Grove, 3,000—Monmouth							
Methodist Episcopal Home for Aged	Inst	Church	10	..	..	10	61
Passaic, 62,600—Passaic							
Passaic General Hospital	Inc	City	25	2	..	2	60
Paterson, 139,656—Passaic							
Paterson City Hospital	Tbc	City	110	..	..	60	120
Princeton, 6,000—Mercer							
Isabella McCosh Infirmary	Inst	NPAssn	25	..	..	17	1,084
Rahway, 14,021—Union							
New Jersey Reformatory Hosp.	Inst	State	10	..	..	0	200
Rumford, 1,500—Essex							
Riverside View Rest	N&M	Corp	22	..	..	14	25
Sea Isle City, 2,000—Cape May							
Sea Isle Hospital and Training School	N&M	Corp	20	2	2	..	110
Totowa (Little Falls P.O.), 4,000—Passaic							
State Training School	McDr	State	600	..	..	200	100
Trenton, 123,356—Mercer							
New Jersey State Prison Hosp.	Inst	State	25	..	..	22	227
State Home for Girls	Inst	State	20	2	20	25	200
Upper Montclair—Essex							
Montclair Sanitarium	Gen	Part	10	..	..	0	20
Vineland, 7,155—Cumberland							
Hazelwood School	McDr	Indiv	12	..	..	15	Home
New Jersey Memorial Home for Disabled Soldiers, Sailors, Marines and Their Wives and Widows	Inst	State	25	..	..	20	227
Training School at Vineland	McDr	NPAssn	200	..	..	200	0
Vineland State School	McDr	State	1,200	..	..	1,270	117
West Englewood, 5,207—Bergen							
Englewood Sanitarium (Lynwood Lodge)	N&M	Corp	40	..	..	17	20
Woodbine, 2,162—Cape May							
Woodbine Colony for Feebleminded Males	McDr	State	625	..	..	600	71

Summary for New Jersey:

	Number	Beds	Average Patients	Patients Admitted
Hospitals and sanatoriums	125	8,514	7,202	200,000
Related institutions	47	4,251	4,251	4,747
Totals	172	12,765	11,453	205,677
Refused registration	7	117		

NEW MEXICO

Hospitals and Sanatoriums	Class	Ownership	Approved Internship	Beds	Bassinets	Patients Admitted	Patients Remaining
Albuquerque, 26,570—Bernalillo							
Albuquerque Indian Inst.	TB	IA	25	..	..	0	112
A. T. & S. F. Hospital	Gen	NPAssn	25	..	..	25	125
Children's Home and Hosp.	Orth	NPAssn	25	..	..	25	125
Methodist Deaconess Sanit.	Gen	Church	25	..	..	25	25
St. Joseph Sanatorium and Hospital*	G&TB	Church	100	12	170	25	2,140
Southwestern Presbyterian Sanatorium	G&TB	Church	100	25	100	0	1,425
U. S. Indian School Hospital	Gen	IA	70	5	25	0	1,210
Veterans' Administration Facility	G&TB	Vet	200	..	..	200	1,200
Black Rock (Gallup P.O.)—McKinley							
Navajo Sanatorium	Gen	IA	15	2	12	0	271
Carlsbad, 5,700—Eddy							
St. Francis Hospital	Gen	Church	40	5	60	15	200
Clayton, 2,510—Union							
St. Joseph Hospital	Gen	Church	25	5	20	0	200
Clovis, 6,557—Curry							
A. T. & S. F. Hospital	Indus	NPAssn	25	..	..	14	225
Nazarene Hospital	Gen	Church	20	10	15	15	225
Crownpoint, 50—McKinley							
Eastern Navajo Agency Hosp.	Gen	IA	25	4	25	27	770
Dawson, 1,000—Colfax							
Phelps Dodge Corporation Hospital	Gen	Corp	20	4	21	5	20
Deming, 5,277—Luna							
Deming Ladies' Hospital	Gen	NPAssn	25	5	25	5	125
Holy Cross Sanatorium	TB	Church	20	..	..	25	20
Dulce, 150—Rio Arriba							
Jicarilla Agency Hospital	Gen	IA	20	5	0	25	125

Key to symbols and abbreviations is on page 1031

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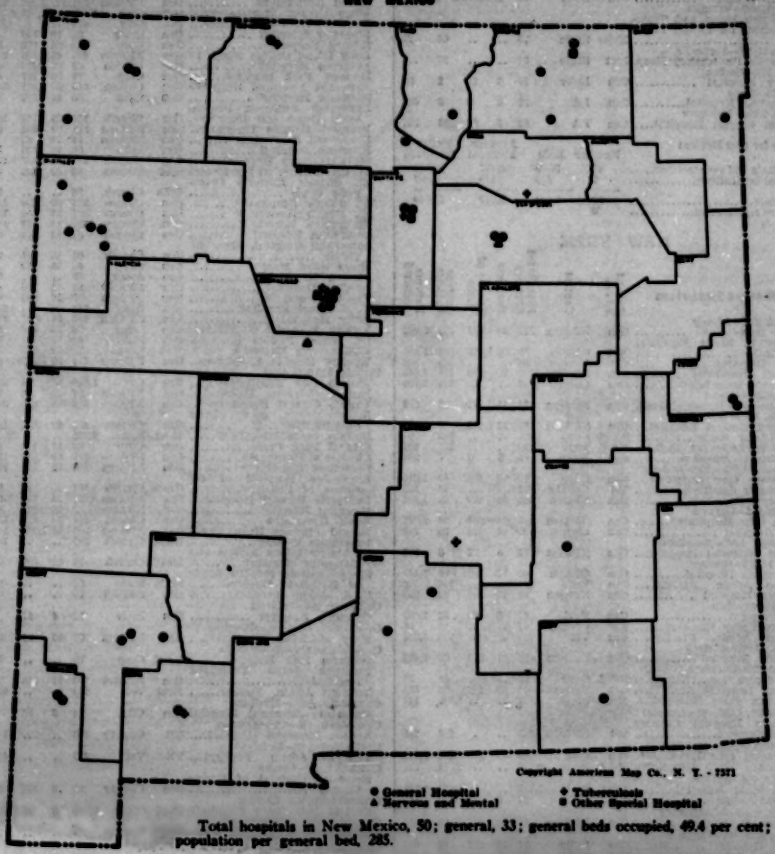
NEW MEXICO—Continued

Hospitals and Sanatoriums	Type	Control	Bassinets	Beds	Cribs	Admissions	Patients
Farmington, 1,339—San Juan							
San Juan Episcopal Indian Mission Hospital	Gen	Church	10	2	10	0	102
San Juan Hospital	Gen	NPAssn	10	2	..	..	....
Ft. Bayard, 350—Grant							
Veterans Admin. Facility	G&TB	Vet	430	..	..	176	711
Ft. Stanton, 225—Lincoln							
U. S. Marine Hospital	TB	USPHS	270	..	..	217	905
Ft. Wingate, 14—McKinley							
Charles H. Burke Hospital	Gen	IA	40	4	No data supplied		
Gallup, 1,021—McKinley							
St. Mary's Hospital	Gen	Church	45	6	71	11	230

NEW MEXICO—Continued

Hospitals and Sanatoriums	Type	Control	Bassinets	Beds	Cribs	Admissions	Patients
Manzano, 175—Otero							
Manzano Indian Hospital	Gen	IA	21	4	20	71	691
Raton, 6,466—Colfax							
New Mexico Miners Hospital	Gen	State	21	5	20	11	571
Rehoboth, 176—McKinley							
Rehoboth Mission Hospital	Gen	Church	20	6	72	29	880
Roswell, 11,175—Chaves							
St. Mary's Hospital	Gen	Church	60	8	134	22	600
Santa Fe, 11,176—Santa Fe							
St. Vincent's Sanatorium and Hospital	G&TB	Church	25	9	200	32	662



Total hospitals in New Mexico, 50; general, 33; general beds occupied, 49.4 per cent; population per general bed, 285.

Gardiner, 1,000—Colfax							
Gardiner Hospital	Indus	Corp	60	..	..	17	144
Las Vegas, 4,719—San Miguel							
Las Vegas Hospital (Carpenter Memorial)	Gen	NPAssn	25	4	24	19	223
New Mexico State Hospital	Ment	State	200	..	..	700	907
St. Anthony's Sanitarium and Hospital	G&TB	Church	40	4	12	9	120
Lordsburg, 1,621—Hidalgo							
Lordsburg Hospital	Gen	Corp	20	4	No data supplied		

Rosemont Sanatorium	TB	Corp	20	..	..	10	44
U. S. Indian Hospital	Gen	IA	70	6	14	67	670
Santa Rita, 1,602—Grant							
Nevada Consolidated Copper Company Hospital	Gen	NPAssn	10	6	No data supplied		
Shiprock, 161—San Juan							
Northern Navajo Hospital	Gen	IA	44	2	34	42	1,084
Silver City, 5,338—Grant							
Grant County Hospital	Gen	NPAssn	24	5	25	7	462

Key to symbols and abbreviations is on page 1024

NEW MEXICO—Continued

Hospitals and Sanatoriums	Type of Hosp.	Control	Bed Capacity	Bassinets	Number of Internes	Annual Admissions	Annual Patients
Truchas, 37—San Juan							
U. S. Indian Service Hospital	Gen	I A	21	2	No data supplied		
Valmora—Mora							
Valmora Sanatorium	TB	NPAssn	80	..	..	35	54
Soldiers' Institutions							
Alamogordo, 2,896—Otero							
Veterans Hospital	Gen	Fed	6	1	9	3	110
Dixon, 591—Rio Arriba							
Brooklyn Cottage Hospital	Gen	Church	10	4	44	7	35
Dulce, 301—Rio Arriba							
Jicarilla Sanatorium	TB	I A	30	..	..	71	91
Las Vegas, 3,962—Mora							
Dr. Hess Hospital	Gen	Indiv	12	2	No data supplied		
Las Lunas, 322—Valencia							
New Mexico Girls and Training School for Mental Defectives	Defe	State	75	..	..	62	75
Santa Fe, 11,224—Santa Fe							
St. Vincent Penitentiary Hosp.	Inst	State	25	..	..	10	....
Springer, 687—Colfax							
Springer Hospital	Gen	Indiv	10	2	21	2	32
Taos, 1,335—Taos							
Taos Indian Hospital	Gen	I A	12	6	4	6	200
Tatum, 1,000—Hockley							
Tatum General Hospital	Gen	I A	20	5	20	15	320

Summary for New Mexico:

	Number	Beds	Average Patients	Patients Admitted
Hospitals and sanatoriums	41	3,360	3,144	29,212
Related institutions	9	202	175	1,397
Totals	50	3,562	3,319	31,609
Refused registration	9			

NEW YORK

Hospitals and Sanatoriums	Type of Hosp.	Control	Bed Capacity	Bassinets	Number of Internes	Annual Admissions	Annual Patients
Albany, 127,412—Albany							
Albany Hospital***	Gen	NPAssn	345	39	634	577	6,602
Anthony N. Brady Maternity Hospital*	Mat	Church	25	60	1,127	46	1,504
Child's Hospital	Chl	Church	60	..	..	..	282
Memorial Hospital**	Gen	NPAssn	125	15	250	218	2,252
St. Peter's Hospital*	Gen	Church	250	..	..	114	1,702
Alden, 2,454—Erie							
Arnold Gregory Memorial Hosp.	Gen	NPAssn	24	11	71	10	202
Amityville, 4,267—Suffolk							
Amityville General Hospital	Gen	NPAssn	27	10	202	10	1,021
Long Island Home	NaM	Fed	150	..	..	115	0
Lords-Kaskeskeer Hall	NaM	Fed	150	..	..	157	224
Red Cement Hospital	Gen	Indiv	15	2	6	7	115
Amsterdam, 34,027—Montgomery							
Amsterdam City Hospital*	Gen	Corp	70	15	102	60	1,102
Montgomery Sanatorium	TB	County	75	..	..	25	102
St. Mary's Hospital*	Gen	Church	150	21	225	60	1,202
Auburn, 36,454—Cayuga							
Auburn City Hospital***	Gen	NPAssn	225	22	287	92	1,625
Henry Hospital	Gen	Church	60	14	154	60	750
Babylon, 5,291—Suffolk							
Babylon Hospital	Gen	NPAssn	30	6	72	6	302
Batavia, 17,377—Genesee							
St. Jerome's Hospital	Gen	Church	60	12	160	72	1,647
Veterans Admin. Facility	Gen	Vet	250	..	..	102	712
Wyoming County Hosp.	Gen	NPAssn	60	12	110	90	882
Bath, 4,611—Steuben							
Bath Hospital	Gen	Fed	60	8	90	52	1,012
Pleasant Valley Sanatorium	TB	County	60	..	..	20	102
Veterans Admin. Facility	Gen	Vet	250	..	..	250	1,202
Bay Shore, 4,628—Suffolk							
Southside Hospital	Gen	NPAssn	70	20	250	20	1,625
Beacon, 11,308—Dutchess							
Craig House	NAM	Corp	77	..	..	28	82
Highland Hospital	Gen	NPAssn	45	9	185	92	1,202
Matteawan State Hospital	Ment	State	1,275	..	..	1,250	1,275
Bedford Hills, 1,600—Westchester							
Bedford Hospital Country Sanatorium*	TB	NPAssn	200	..	..	250	300
Binghamton, 76,662—Broome							
Binghamton City Hospital***	Gen	City	400	60	975	2,216	6,602
Binghamton State Hospital**	Ment	State	2,275	..	..	1,242	2,251
Brentwood, 564—Suffolk							
Pilgrim State Hospital	Ment	State	4,752	..	..	2,427	1,121
Rest Sanitarium	Gen	Corp	25	2	7	15	122
Bronxville, 6,327—Westchester							
Lawrence Hospital	Gen	NPAssn	97	10	275	60	1,001
Brooklyn, 2,560,401—Kings							
Adelphi Hospital	Gen	Indiv	77	14	257	24	925
Bay Ridge Sanitarium	Gen	Corp	60	15	625	61	1,142
Bedford Maternity	Mat	Corp	20	20	262	4	154
Beverly Road Maternity	Mat	Corp	20	25	247	12	422
Bethany Deaconess Hospital	Gen	Church	25	12	210	40	1,124
Beth-El Hospital*	Gen	NPAssn	150	40	1,264	162	4,511
Beth Moses Hospital*	Gen	NPAssn	150	20	625	157	4,252
Boro Park General Hospital	Gen	Indiv	40	10	215	92	1,414
Brooklyn Eye and Ear Hosp.*	ENT	NPAssn	140	..	..	72	1,402
Brooklyn Home for Consumptives	TB	NPAssn	160	..	..	102	75
Brooklyn Hospital*	Gen	NPAssn	350	50	625	300	7,327
Brooklyn State Hospital**	Ment	State	1,200	..	..	1,241	1,227

NEW YORK—Continued

Hospitals and Sanatoriums	Type of Hosp.	Control	Bed Capacity	Bassinets	Number of Internes	Annual Admissions	Annual Patients
Brooklyn Women's Hospital	Mat	NPAssn	60	6	No data supplied		
Bushwick Hospital*	Gen	NPAssn	150	20	250	72	1,202
Caledonian Hospital*	Gen	NPAssn	150	20	250	72	1,252
Caron C. Peck Memorial Hosp.	Gen	NPAssn	30	12	62	21	1,157
Coney Island Hospital*	Gen	City	275	30	1,000	250	6,602
Cvrera Hospital	Gen	NPAssn	150	17	250	250	6,602
Cumberland Hospital***	Gen	City	150	20	250	250	6,602
Evangelical Deaconess Hosp.	Gen	Church	60	12	150	60	1,202
Greenpoint Hospital*	Gen	City	60	12	1,000	250	6,602
Harbor Hospital	Gen	NPAssn	60	12	No data supplied		
Hosp. of the Holy Family	Gen	Church	60	..	..	..	1,202
Home of St. Giles the Cripple	Orth	Church	60	..	..	25	1,202
Israel Zion Hospital	Gen	NPAssn	150	20	250	250	6,602
Jewish Hospital**	Gen	NPAssn	150	20	250	250	6,602
Kings County Hospital***	Gen	City	1,100	150	1,000	250	6,602
Kingston Avenue Hospital	Int	City	60	12	150	60	1,202
Lincoln Hospital	Gen	City	60	12	150	60	1,202
Liberty Hospital	Gen	City	60	12	150	60	1,202
Long Island College Hosp.***	Gen	NPAssn	60	12	150	60	1,202
Lutheran Hospital	Gen	Church	60	12	150	60	1,202
Methodist Peck Hospital	Gen	Church	60	12	150	60	1,202
Methodist Episcopal Hosp.***	Gen	Church	60	12	150	60	1,202
Midwood Hospital	Gen	Church	60	12	150	60	1,202
Norwegian Lutheran Deaconess Home and Hospital*	Gen	Church	100	20	250	250	6,602
Prospect Heights Hospital**	Gen	NPAssn	150	20	250	250	6,602
Riverview Sanatorium	Gen	NPAssn	60	12	150	60	1,202
Riverside Hospital	Gen	Indiv	60	12	150	60	1,202
St. Catherine's Hospital*	Gen	Church	60	12	1,150	60	1,202
St. Cecilia Hospital for Women	Mat	Church	60	20	62	60	1,202
St. Charles Hospital Orthopedic Clinic	Orth	Church	60	..	..	25	1,202
St. John's Hospital*	Gen	Church	150	..	..	250	6,602
St. Mary's Hospital*	Gen	Church	150	20	250	250	6,602
St. Peter's Hospital*	Gen	Church	150	20	250	250	6,602
Samaritan Hospital	Gen	Church	60	12	150	60	1,202
Samaritan Hospital, Home Division	Gen	Church	60	12	150	25	1,202
Shore Road Hospital	Gen	Corp	60	12	150	60	1,202
Station Hospital	Gen	Army	60	12	150	60	1,202
Swedish Hospital	Gen	NPAssn	60	12	150	60	1,202
Trinity Hospital	Gen	NPAssn	60	12	150	60	1,202
U. S. Naval Hospital	Gen	Navy	60	12	150	60	1,202
Unity Hospital	Gen	NPAssn	60	12	150	60	1,202
Victory Memorial Hospital	Gen	Corp	60	12	150	60	1,202
Dr. Wm. Wey's Private Hospital	Gen	Indiv	60	12	150	60	1,202
Williamsburg Maternity Hosp.	Mat	Corp	60	12	150	60	1,202
Wyckoff Heights Hospital**	Gen	NPAssn	150	20	No data supplied		
Buffalo, 573,076—Erie							
Buffalo City Hospital**	Gen	CyCo	1,025	25	725	257	10,602
Buffalo Columbus Hospital	Gen	NPAssn	150	20	250	250	6,602
Buffalo General Hospital**	Gen	NPAssn	60	12	250	250	6,602
Buffalo Hospital of the Sisters of Charity*	Gen	Church	225	20	250	250	6,602
Buffalo State Hospital**	Ment	State	3,500	..	..	1,250	3,500
Central Park Clinic	Gen	City	60	12	..	250	1,202
Children's Hospital*	Gen	NPAssn	225	20	250	250	6,602
Deaconess Hospital	Gen	NPAssn	150	20	250	250	6,602
Emergency Hospital of the Sisters of Charity	Gen	Church	60	..	..	250	6,602
Lafayette General Hospital	Gen	NPAssn	60	12	150	60	1,202
Memorial Hospital	Gen	NPAssn	60	12	150	60	1,202
Mercy Hospital*	Gen	NPAssn	177	20	250	250	6,602
Millard Fillmore Hospital***	Gen	NPAssn	150	20	1,000	250	6,602
Providence Retreat	NaM	Church	100	..	..	100	100
St. Mary's Hospital Asylum and Maternity Hospital	MatCh	Church	70	65	800	82	1,977
State Institute for the Study of Malignant Disease	StCa	State	20	..	..	25	1,202
U. S. Marine Hospital	Gen	USPHS	75	..	..	25	202
Calikoon, 625—Sullivan							
Calikoon Hospital	Gen	Indiv	10	4	67	4	172
Cambridge, 1,202—Washington							
Mary McClellan Hospital	Gen	NPAssn	27	15	65	54	204
Canandaigua, 7,451—Ontario							
Brigham Hall Hospital	NAM	Corp	70	..	..	44	67
Frederick Ferris Thompson Hospital	Gen	NPAssn	125	17	202	27	1,202
Veterans Admin. Facility	Ment	Vet	250	..	..	60	102
Canastota, 4,225—Madison							
Canastota Memorial Hospital	Gen	City	22	2	25	2	202
Canandaigua, 22—Chautauqua							
Western New York Sanatorium	TB	County	150	..	..	102	152
Castle Point, 22—Dutchess							
Veterans Admin. Facility	TB	Vet	670	..	..	670	680
Catskill, 4,626—Greene							
Memorial Hospital of Greene County	Gen	County	22	2	202	27	602
Central Islip, 676—Suffolk							
Central Islip State Hospital*	Ment	State	7,250	2	10	7,445	1,242
Central Valley 625—Orange							
Pelham in the Ramapos	NAM	Corp	60	..	..	29	2
Chenango Bridge, 225—Broome							
Broome County Tuberculosis Hospital	TB	County	120	..	..	102	112
Clifton Springs, 1,512—Ontario							
Clifton Springs Sanitarium and Clinic*	Gen	NPAssn	274	2	22	102	2,102
Cobleskill, 2,824—Schoharie							
Cobleskill Hospital	Gen	NPAssn	20	10	125	22	242
Cold Spring, 1,344—Putnam							
John L. Rutherford Memorial Hospital	Gen	NPAssn	25	2	24	12	220
Copperstown, 2,022—Otsego							
Mary Imogene Bassett Hosp.	Gen	NPAssn	72	2	102	22	272

Key to symbols and abbreviations is on page 1031

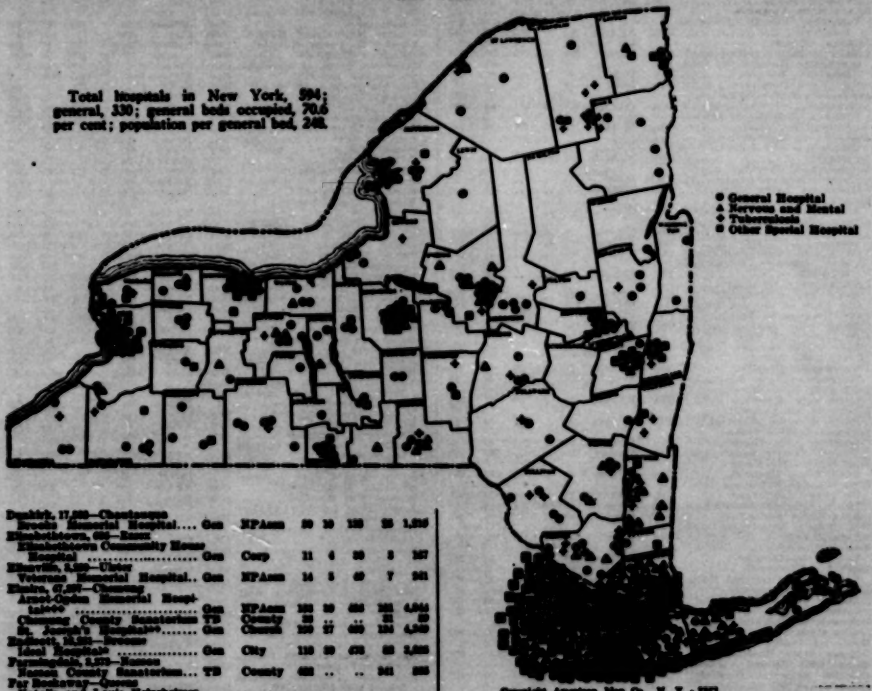
NEW YORK—Continued

Hospitals and Sanatoriums	Type	Ownership	Bassinets	Beds	Births	Deaths	Patients	Personnel
Corning, 18,777—Steuben								
Corning Hospital●	Gen	NPAssn	25	25	165	29	1,455	
Cornwall, 1,867—Orange								
Cornwall Hospital	Gen	NPAssn	40	10	172	20	1,040	
Cortland, 18,042—Cortland								
Cortland County Hospital●	Gen	NPAssn	114	21	325	70	2,712	
Cuba, 1,486—Allegany								
Cuba Memorial Hospital	Gen	NPAssn	11	6	20	5	88	
Dannemora, 1,502—Clinton								
Dannemora State Hospital	Ment	State	905	..	..	107	153	
Dansville, 4,020—Livingston								
Dansville General Hospital	Gen	City	22	6	60	10	450	
Delhi, 1,826—Delaware								
Delaware County Tuberculosis Sanatorium	TB	County	32	..	..	20	37	
Dobbs Ferry, 3,741—Westchester								
Dobbs Ferry Hospital	Gen	NPAssn	41	10	91	10	600	

NEW YORK—Continued

Hospitals and Sanatoriums	Type	Ownership	Bassinets	Beds	Births	Deaths	Patients	Personnel
Gabriels, 250—Franklin								
Sanatorium Gabriels	TB	Church	110	..	..	30	74	
Geneva, 16,658—Ontario								
Geneva General Hospital	Gen	NPAssn	72	19	180	40	1,600	
Glen Cove, 11,626—Nassau								
North Country Community Hospital	Gen	NPAssn	102	22	220	62	2,140	
Parkside Hospital	Gen	Part	25	5	14	7	211	
Glens Falls, 14,541—Warren								
Glens Falls Hospital	Gen	NPAssn	62	15	600	62	1,827	
Westmount Sanatorium	TB	County	60	..	..	27	61	
Gloversville, 23,640—Fulton								
Nathan Littauer Hospital●	Gen	NPAssn	102	19	600	64	2,264	
Goshen, 1,621—Orange								
Goshen Hospital	Gen	NPAssn	22	8	120	8	600	
Interphone Sanitarium	N&M	Indiv	75	..	..	25	111	

NEW YORK


Total hospitals in New York, 594; general, 330; general beds occupied, 70.6 per cent; population per general bed, 248.
● General Hospital
▲ Nervous and Mental
■ Tuberculosis
◆ Other Special Hospital

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Hospitals and Sanatoriums	Type	Ownership	Bassinets	Beds	Births	Deaths	Patients	Personnel
Dunkirk, 17,280—Chautauqua								
Brooks Memorial Hospital	Gen	NPAssn	30	30	180	25	1,250	
Elizabethtown, 654—Essex								
Elizabethtown Community House Hospital	Gen	Corp	11	4	30	5	167	
Ellenville, 3,500—Ulster								
Veterans Memorial Hospital	Gen	NPAssn	14	5	40	7	241	
Elmira, 47,297—Chemung								
Arnot-Ogden Memorial Hospital●●	Gen	NPAssn	125	30	650	125	4,541	
Chemung County Sanatorium	TB	County	120	30	450	25	1,150	
St. Joseph's Hospital●●	Gen	Church	150	50	450	150	4,500	
Endicott, 16,326—Broome								
Ideal Hospital	Gen	City	110	30	670	60	2,500	
Flushing, 5,878—Queens								
Queens County Sanatorium	TB	County	450	..	..	241	285	
Fort Hockenberg—Queens								
Health and Loan Schoolboys' Hospital (Included in Hosp. for Joint Diseases, N. Y. C.)								
St. Joseph Hospital	Gen	Church	30	30	297	61	1,252	
Fishers, 60—Allegany								
Genesee Country Memorial Hospital	Gen	NPAssn	10	4	60	7	254	
Fishers Island, 350—Suffolk								
Station Hospital	Gen	Army	60	..	..	45	725	
Fleischmanns, Greene								
Phelps Hospital and Dispensary●	Gen	NPAssn	100	75	1,400	125	4,125	
Parsons Sanatorium	Gen	City	30	25	300	25	1,000	
Station Hospital	Gen	Army	107	6	65	27	1,200	
Ft. Niagara (Youngstown P.O.)—Niagara								
Station Hospital	Gen	Army	40	2	5	11	440	
Ft. Slocum—Westchester								
Station Hospital	Gen	Army	155	..	4	42	1,000	
Ft. Wadsworth (Staten Island P.O.)—Richmond								
Station Hospital	Gen	Army	10	..	..	7	270	
Fulton, 12,482—Oswego								
Albert Lindley Lee Memorial Hospital	Gen	City	57	11	140	91	797	

Hospitals and Sanatoriums	Type	Ownership	Bassinets	Beds	Births	Deaths	Patients	Personnel
Gouverneur, 4,621—St. Lawrence								
Stephen Van Rensselaer Hosp.	Gen	NPAssn	19	6	80	10	249	
Governors Island—New York								
Station Hospital	Gen	Army	161	9	76	127	1,942	
Gowanda, 2,845—Cattaraugus								
Townsend Hospital	Gen	Part	20	6	165	9	304	
Granville, 1,427—Washington								
Emma Lake Stevens Hospital	Gen	NPAssn	12	6	85	6	169	
Greenport, 1,500—Suffolk								
Eastern Long Island Hospital	Gen	NPAssn	25	6	165	15	650	
Harrison-on-Hudson, 150—Westchester								
Crichton House	N&M	Indiv	20	..	..	11	5	
Harrison, 1,500—Westchester								
St. Vincent's Retreat	N&M	Church	200	..	..	171	91	
Hastings upon Hudson, 7,627—Westchester								
Hastings Hillside Hospital●	N&M	NPAssn	40	..	..	20	111	
Hebreth.—Erie								
Gowanda State Homeopathic Hospital●●	Ment	State	1,200	..	..	1,067	365	

Key to symbols and abbreviations is on page 1031

NEW YORK—Continued

Hospitals and Sanatoriums	Type	Ownership	Beds	Bassinets	Patients	Interns	Nurses	Annual Clinic Visits	Annual Dispensary Visits
Tupper Lake, 5,571—Franklin									
Mercy General Hospital	Gen	Church	35	2	30	14		400	
Tuxedo Park, 1,020—Orange									
Tuxedo Memorial Hospital	Gen	NPAssn	29	0	20	17		600	
Utica, 101,740—Oneida									
Faxton Hospital[9]	Gen	NPAssn	167	46	297	60		2,572	
Masonic Soldiers and Sailors Memorial Hospital	Gen	Frat	200	..	..	117		600	
Oneida County Tuberculosis Sanatorium	TB	County	125	..	..	120		115	
St. Elizabeth Hospital[9]	Gen	Church	125	60	225	60		2,615	
St. Luke's Home and Hosp.[9]	Gen	Church	125	25	1,062	30		2,177	
Utica General Hospital	Gen	City	727	0	115	30		2,159	
Utica Memorial Hospital[9]	Gen	NPAssn	45	10	150	20		1,570	
Utica State Hospital[10]	Ment	State	1,500	..	..	1,500		600	
Valhalla, 600—Westchester									
Grasslands Hospital[9]	Gen	County	600	15	300	600		6,557	
Warsaw, 3,677—Wyoming									
Wyoming County Community Hospital	Gen	County	62	11	120	40		1,200	
Warwick, 3,422—Orange									
Warwick Hospital and Clinic	Gen	Indiv	21	4	20	0		200	
Waterloo, 4,047—Seneca									
Waterloo Memorial Hospital	Gen	NPAssn	15	4	47	5		200	
Watertown, 32,693—Jefferson									
House of the Good Samaritan[9]	Gen	NPAssn	192	13	175	21		3,502	
Jefferson County Sanatorium	TB	County	75	..	..	80		80	
Mercy Hospital[9]	Gen	Church	100	14	200	60		1,717	
Waverly, 4,548—Tioga									
Tioga County General Hosp.	Gen	County	53	13	70	20		600	
Wellsville, 5,674—Allegany									
Memorial Hospital of Wm. F. and Gertrude F. Jones	Gen	City	45	10	113	24		900	
West Haverstraw, 3,284—Rockland									
New York State Reconstruction Home[9]	Orth	State	510	..	..	102		100	
West Point, 1,115—Orange									
Station Hospital	Gen	Army	135	6	62	30		1,722	
White Plains, 24,620—Westchester									
Bronxdale Hospital[9]	N&M	NPAssn	200	..	..	220		227	
New York Orthopedic Dispensary and Hospital	Orth	NPAssn	100	..	..	100		600	
St. Agnes Hospital	Gen	Church	85	24	600	60		2,571	
White Plains Hospital[9]	Gen	NPAssn	150	32	220	80		2,500	
Willard, 558—Seneca									
Willard State Hospital[9]	Ment	State	2,662	..	..	2,610		440	
Wingdale, 130—Dutchess									
Harlem Valley State Hosp.[9]	Ment	State	2,972	..	..	2,129		1,457	
Woodhaven—Queens									
St. Anthony's Hospital	TB	Church	400	..	..	275		570	
Wynantskill, 367—Rensselaer									
Farring Sanatorium	TB	County	132	..	..	122		120	
Yonkers, 134,646—Westchester									
Gray Oaks Hospital	TB	City	35	..	..	60		57	
House of Rest for Sprain Brook	TB	NPAssn	100	..	..	67		50	
St. John's Riverside Hosp.[9]	Gen	NPAssn	176	24	225	154		2,702	
St. Joseph's Hospital[9]	Gen	Church	125	25	225	82		2,254	
Yonkers General Hospital[9]	Gen	NPAssn	162	34	476	63		2,482	

Related Institutions

Albany, 127,412—Albany							
Albany Hosp. for Incurables	Inc	NPAssn	65	..	..	54	62
Evergreen Sanatorium for Rest	MeDe	Indiv	20	..	..	4	..
St. Margaret's Home and Hosp.	Inc	NPAssn	50	..	..	40	50
Van Rensselaer Preventorium	Chil	County	30	..	No data supplied		
Albion, 4,578—Orleans							
Albion State Training School	MeDe	State	220	19	5	172	33
Orleans Welfare Hospital and Home	Gen	County	40	2	20	34	125
Amityville, 4,427—Suffolk							
Brunswick Home Sanit.	MeDe	Corp	270	..	No data supplied		
Auburn, 36,818—Cayuga							
Auburn State Prison Hospital	Inst	State	30	..	..	7	220
Bainbridge, 1,324—Chenango							
Bainbridge Hospital	Gen	Indiv	15	6	62	10	267
Bay Shore, 4,868—Suffolk							
Dr. King's Private Hospital	Gen	Indiv	20	0	No data supplied		
Bedford Hills, 1,500—Westchester							
Westfield State Farm	Inst	State	40	25	1	20	225
Binghamton, 76,662—Broome							
Binghamton Training School for Nervous, Backward and Mental Defectives	MeDe	Indiv	30	..	..	25	9
Dr. Lyon's Sanitarium	N&M	Indiv	10	..	No data supplied		
Brewpert, 600—Chemung							
Chemung County Home	Inst	County	30	..	..	32	175
Brewster, 1,464—Putnam							
Mountainbrook Farm Sanit.	Conv	Indiv	25	..	..	10	25
Brooklyn, 2,560,401—Kings							
Brooklyn Hebrew Home and Hospital for Aged	Inst	NPAssn	600	..	..	440	174
Brooklyn Hebrew Orphan Asylum	Inst	NPAssn	60	..	..	14	240
Chanatell Sanitarium	Gen	Indiv	12	2	20	2	100
Faith Home for Incurables	Inc	NPAssn	60	..	..	25	5
Hamilton Private Hospital	Gen	Indiv	24	2	20	0	441
Jewish Sanitarium for Incurables	Inc	NPAssn	220	..	..	247	102
Buffalo, 573,076—Erie							
Buffalo Eye and Ear Infirmary and Wetlaufer Clinic	ENT	Corp	0	2	..	3	457
Parkside Sanitarium and Hospital	Conv	Indiv	40	..	..	20	115
Salvation Army Maternity Hospital and Home	Mat	Church	15	15	44	14	67

NEW YORK—Continued

Related Institutions	Type	Ownership	Beds	Bassinets	Patients	Interns	Nurses	Annual Clinic Visits	Annual Dispensary Visits
Calcium, 111—Jefferson									
Jefferson County Contagious Hospital	Iso	County	10	..	..	4		30	
Camden, 1,912—Oneida									
Healthcote—Dr. Bell's Private Rest Home	N&M	Indiv	15	..	..	1		4	
Canandaigua, 7,541—Ontario									
Canandaigua Health Home	Conv	Indiv	15	..	..	7		25	
Castile, 922—Wyoming									
Greene Sanitarium	Conv	Indiv	37	..	..	20		100	
Corona,—Queens									
Dr. Cleaver' Sanitarium	N&M	Corp	40	..	..	37		21	
Cortland, 12,406—Cortland									
Cortland Sanitarium	Gen	Part	12	1	3	6		100	
Dannemora, 3,500—Clinton									
Clinton Prison General and Tuberculosis Hospital	Inst	State	225	..	..	20		725	
Dehli, 1,642—Delaware									
Dehli Hospital	Gen	NPAssn	11	3	20	4		100	
Eastview, 121—Westchester									
Solomon and Betty Loeb Memorial Home for Convalescents	Conv	NPAssn	115	..	..	120		1,500	
Edmeston, 318—Otsego									
Otsego School for Backward Children	MeDe	Part	25	..	..	20		6	
Elmira, 47,297—Chemung									
Chemung County Preventorium	TB	County	22	..	..	21		42	
Elmira Reformatory	Inst	State	67	..	..	25		1,101	
Glenmore Health Resort	Conv	Corp	40	..	..	..		..	
Far Rockaway—Queens									
Brooklyn Jewish Home for Convalescents	Conv	NPAssn	40	..	..	40		264	
Wave Crest Convalescent Home and Hospital	Conv	NPAssn	76	..	..	72		207	
Freeport, 14,467—Nassau									
Freeport Nursing Home	Gen	Indiv	7	4	No data supplied				
Harrison, 1,525—Westchester									
Miriam Osborn Memorial Home	Inst	NPAssn	22	..	..	10		..	
Herkimer, 10,466—Herkimer									
Herkimer County Hospital	Gen	County	10	..	..	12		167	
Hudson, 12,227—Columbia									
New York State Training School for Girls	Inst	State	20	11	17	5		275	
Industry—Monroe									
Industry General Hospital	Inst	State	20	..	..	20		770	
Iroquois, 68—Erie									
Thomas Indian School Hosp.	Inst	State	25	..	..	10		444	
Ithaca, 28,780—Tompkins									
Conklin Sanitarium	Gen	Indiv	14	..	..	6		221	
Reconstruction Home	Orth	Corp	25	..	..	60		60	
Lake Ronkonkoma, 49—Suffolk									
Gary de Vahey Academy	MeDe	Part	15	..	..	10		None	
Lockport, 23,105—Niagara									
Odd Fellows' Home	Inst	Frat	20	..	..	44		40	
Mackins, 627—Cattaraugus									
Cattaraugus County Hospital	Inst	County	25	..	..	..		..	
Manasquash, 11,198—Westchester									
Dr. Wellington's House	N&M	Indiv	12	..	No data supplied				
Marry, 112—Oneida									
Camp Healthmore	TB	NPAssn	30	..	..	22		22	
Margaretville, 771—Delaware									
Margaretville Hospital	Gen	NPAssn	10	2	10	5		140	
Millgrove, 110—Erie									
Erie County Home and Infirmary	Inst	County	1,421	..	..	1,220		600	
Mohegan Lake, 225—Westchester									
Josephine Home	Conv	NPAssn	45	..	No data supplied				
Montour Falls, 1,462—Schuyler									
Shepard Relief Hospital	Gen	NPAssn	15	0	..	..		..	
Mt. Kisco, 5,117—Westchester									
Bestawhile	Conv	Indiv	14	..	No data supplied				
Mt. Vernon, 61,499—Westchester									
Miller Chelsea Convalescent Home for Greater New York	Conv	NPAssn	20	..	No data supplied				
Napanoch, 600—Ulster									
Institution for Male Defective Delinquents	MeDe	State	900	..	..	625		225	
Newark, 7,648—Wayne									
Newark State School	MeDe	State	1,622	12	12	1,720		220	
New Hartford, 1,258—Oneida									
Children's Hospital Home of Utica	Orth	CyCo	20	..	..	15		62	
New York City, 7,381,328—New York									
Beth Abraham Home for Incurables	Inc	NPAssn	251	..	..	245		102	
Bryant Sanitarium	Mat	Corp	10	10	100	2		100	
Colored Orphan Asylum	Inst	NPAssn	20	..	..	2		200	
Correction Hospital	Inst	City	125	..	No data supplied				
Harts Island Prison Hospital	Inst	City	20	..	..	11		440	
Hebrew Convalescent Home	Conv	NPAssn	61	..	..	67		225	
Home for Aged and Infirm Hebrews	Inst	NPAssn	20	..	..	23		612	
Home for Hebrew Infants	Inst	NPAssn	61	..	..	29		1,200	
Home for Incurables	Inc	Church	240	..	..	230		244	
House of Calvary	Ca	Church	140	..	..	125		411	
House of the Holy Comforter	Inc	Church	100	..	..	67		30	
Jewish Home for Convalescents	Conv	NPAssn	115	..	..	..		..	
Mt. Eden Hospital	Gen	Indiv	40	20	671	11		1,500	
New York City Children's Hospital	MeDe	City	200	..	..	245		742	
New York County Penitentiary Hospital	Inst	City	40	..	..	20		1,610	
Dr. Moger's Hospital	N&M	Indiv	25	..	..	7		110	

Key to symbols and abbreviations is on page 1091

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NEW YORK—Continued

Reported Institutions	Type of Service	Control	Bed Capacity	Bassinets	Cribs	Average Daily Census	Patients Admitted
St. Andrew's Convalescent Hospital	Conv	Church	30	..	..	10	215
St. Rose's Free Home for Incurable Cancer	Ca	Church	20	..	..	12	212
Tonsil Hospital	N&T	NPAssn	25	..	..	No data supplied	
Dr. Wiley M. Wilson's Private Hospital (col.)	Gen	Indiv	5	2	10	4	150
Niagara Falls, 75,460—Niagara							
Niagara Falls Memorial Hosp.	Iso	City	20	..	..	13	130
Cambridge, 300—Washington							
Cambridge County Hospital	G&I	nst County	154	12	120	127	800
Ossining, 11,145—Oswego							
Eastern Star Home and Infirmary	Inst	Frat	61	..	..	20	15
Ossining, 12,851—Westchester							
Ossining-on-Hudson	N&M	Indiv	10	..	..	10	4
Sing Sing Prison Hospital	Inst	State	100	..	..	60	1,740
Otisville, 300—Orange							
Sunnyside Mental Farm	TB	Indiv	10	..	..	4	10
Oxford, 1,442—Chenango							
New York State Women's Relief Corps Home	Inst	State	85	..	..	67	135
Patchogue, 4,894—Suffolk							
Community Hospital	Gen	Indiv	20	7	No data supplied		
Pelham Manor, 4,842—Westchester							
Pelham Home for Children	Conv	NPAssn	30	..	..	29	64
Plattsburg, 13,849—Clinton							
Children's Home of Northern New York	Inst	NPAssn	12	..	..	1	6
Pleasantville, 4,540—Westchester							
Helene Skattering Guardian Orphan Asylum	Inst	NPAssn	24	..	..	1	451
Port Jervis, 10,582—Orange							
Deerpark Hospital	Gen	Corp	14	2	24	7	200
Poughkeepsie, 40,288—Dutchess							
Poughkeepsie City Home and Infirmary	Inst	City	15	..	..	15	24
Sadler Hospital	Surg	Indiv	2	..	..	1	130
Swift Infirmary-Vassar College	Inst	NPAssn	20	..	..	2	570
Queens Village, Queens							
Queens Village Sanatorium	Gen	Indiv	12	12	30	6	124
Ramsen, 437—Oneida							
Whitesboro Sanitarium and Adirondack Annex	Nerv	Indiv	15	..	..	1	13
Rhinebeck, 1,850—Dutchess							
Holiday Farm, Home for Convalescent Children	Conv	Indiv	20	..	..	24	200
Rochester, 328,132—Monroe							
Convalescent Hospital for Children	Conv	NPAssn	60	..	..	20	220
Field Sanitarium	Conv	Indiv	15	..	..	6	44
Knorr Sanitarium Convalescent Home	Conv	Indiv	25	..	..	20	...
Rockaway Park, Queens							
Convalescent Home for Hebrew Children	Conv	NPAssn	112	..	..	101	704
Rome, 22,899—Oneida							
Rome State School	MeDe	State	2,767	24	..	2,200	213
Rye, 5,715—Westchester							
Milton Rest	N&M	Indiv	20	..	..	20	...
Schenectady, 95,692—Schenectady							
General Electric Company Industrial Hospital	Indus	NPAssn	12	..	..	2	120
Schenectady City Hospital	Iso	City	25	..	..	22	274
Schenectady County Home and Hospital	Inst	County	20	..	..	10	450
Sea Cliff, 2,482—Nassau							
Country Home for Convalescent Babies	Conv	NPAssn	70	..	..	61	457
Staten Island, 158,346—Richmond							
New York City Farm Colony	Inst	City	1,500	..	..	1,250	225
Seamen's Sang Harbor Hospital	Gen	NPAssn	200	..	..	160	250
Seaside Hospital	Chl	NPAssn	150	..	..	145	245
Syracuse, 209,326—Onondaga							
Syracuse State School	MeDe	State	1,525	..	..	1,500	132
Thiells, 250—Rockland							
Letchworth Village	MeDe	State	5,500	..	..	5,241	455
Troy, 72,780—Rensselaer							
Rensselaer County Hospital	Chr	County	60	..	..	57	124
Troy Orphan Asylum	Inst	NPAssn	27	..	..	1	205
Tupper Lake, 5,571—Franklin							
American Legion Mountain Camp	Conv	NPAssn	54	..	..	45	140
Valhalla, 42—Westchester							
Methodist Hospital and Home for Crippled Children	Orth	NPAssn	72	..	..	62	91
Valley Cottage, 215—Rockland							
Rural Farm and Nichols Cottage	Conv	Indiv	15	..	..	13	67
Wassaic, 500—Dutchess							
Wassaic State School	MeDe	State	3,450	..	..	2,815	602
Watertown, 32,326—Jefferson							
Jefferson County Home	Gen	County	30	..	..	25	30
Wellsville, 5,674—Allegany							
Wellsville Sanitarium	Conv	Indiv	20	..	No data supplied		
White Plains, 36,620—Westchester							
Convalescent Hospital for Children	Conv	NPAssn	90	..	..	77	714
Martine Farm Children's Cardiac Convalescent Home	Conv	Indiv	25	..	..	25	92
Williamsville, 2,119—Erie							
Josephine Goodyear Convalescent Home	Conv	Indiv	60	..	..	30	257

NEW YORK—Continued

Reported Institutions	Type of Service	Control	Bed Capacity	Bassinets	Cribs	Average Daily Census	Patients Admitted
Yonkers, 134,646—Westchester							
Hebrew National Orphan Home	Inst	NPAssn	9	..	No data supplied		
Locke and Waite House School	Inst	NPAssn	20	..	..	1	125
Sunny Rest Sanitarium	Conv	Indiv	14	..	..	9	72
Yonkers City Hospital for Communicable Disease	Iso	City	67	..	..	21	200
Yorktown Heights, 1,650—Westchester							
Sound View School	MeDe	Part	20	..	..	10	5

Summary for New York:

	Number	Beds	Average Patients	Patients Admitted
Hospitals and sanatoriums	625	107,110	110,442	1,007,621
Related institutions	129	18,701	21,614	68,213
Totals	754	125,811	132,057	1,075,834
Refused registration	21	1,175		

NORTH CAROLINA

Hospitals and Sanatoriums	Type of Service	Control	Bed Capacity	Bassinets	Cribs	Average Daily Census	Patients Admitted
Albemarle, 3,402—Stanly							
Tedrick Hospital	Gen	Corp	24	4	40	13	600
Asheboro, 3,621—Randolph							
Randolph Hospital	Gen	NPAssn	25	6	24	10	720
Asheville, 50,193—Buncombe							
Ambler Heights Sanitarium	TB	Corp	20	..	..	..	..
Appalachian Hall	N&M	Corp	175	..	..	45	215
Asheville Mission Hospital[o]	Gen	NPAssn	100	10	215	60	2,000
Asheville Psychiatric Institute, Women's Serv.	Conv	Indiv	25	..	..	12	75
Aston Park Hospital	Gen	NPAssn	45	6	100	32	1,200
Fairview Cottage Sanitarium	TB	Indiv	120	..	..	75	30
Norborn Hospital	Surg	Corp	25	2	10	10	750
St. Joseph's Sanatorium	TB	Church	80	..	..	61	60
Zephyr Hill Sanatorium	TB	Indiv	30	..	..	21	35
Badin, 2,040—Stanly							
Badin Hospital	Gen	NPAssn	22	4	12	6	300
Banners Elk, 300—Avery							
Grace Hospital[o]	Gen	Church	32	2	61	30	825
Beaufort, 2,057—Carteret							
Potter Emergency Hospital	Gen	Corp	12	2	22	10	301
Biltmore, 175—Buncombe							
Biltmore Hospital[o]	Gen	NPAssn	32	10	74	15	740
Black Mountain, 727—Buncombe							
Beallmont Park Sanatorium	N&M	Corp	20	..	No data supplied		
Oragmont Sanatorium	TB	Corp	30	..	..	15	25
Fellowship Sanatorium of the Royal League	TB	Frat	25	..	..	15	6
Brevard, 2,220—Transylvania							
Lyday Memorial Hospital	Gen	NPAssn	15	..	5	3	150
Burlington, 8,737—Alamance							
Bailey Hospital	Gen	Corp	40	2	34	17	800
Charlotte, 82,675—Mecklenburg							
Charlotte Eye, Ear and Throat Hospital	ENT	Part	20	..	..	12	1,720
Good Samaritan Hosp. (col.)[o]	Gen	Church	50	..	..	30	1,000
Mercy Hospital[o]	Gen	Church	110	20	200	65	2,400
New Charlotte Sanatorium	Gen	Corp	75	10	42	45	2,250
Presbyterian Hospital[o]	Gen	Church	160	20	200	80	3,000
St. Peter's Hospital	Gen	Church	80	10	170	61	1,600
Cherokee, 85—Swain							
Eastern Cherokee Indian Hosp.	Gen	I A	22	4	No data supplied		
Concord, 11,295—Cabarrus							
Concord Hospital	Gen	NPAssn	15	4	12	7	200
Cooleemee, 181—Davie							
Garrett Memorial Hospital	Gen	NPAssn	21	2	32	7	416
Durham, 52,037—Durham							
Duke Hospital[o-o]	Gen	NPAssn	400	50	200	291	6,691
Lincoln Hospital (col.)[o]	Gen	NPAssn	90	9	124	70	1,400
McPherson Hospital	ENT	Indiv	22	..	..	5	674
Watts Hospital[o-o]	Gen	NPAssn	250	25	401	100	3,200
Elizabeth City, 10,657—Pasquotank							
Albemarle Hospital	Gen	NPAssn	20	5	..	..	....
Elkin, 1,527—Surry							
Hugh Chatham Memorial Hosp.	Gen	Church	40	4	20	15	600
Erwin, 4,606—Harnett							
Good Hope Hospital	Gen	Corp	24	2	24	6	201
Fayetteville, 15,006—Cumberland							
Highsmith Hospital[o-o]	Gen	NPAssn	120	6	81	65	1,957
Pittman Hospital[o]	Gen	NPAssn	60	11	100	30	1,201
Flintstone, 60—Henderson							
Mountain Sanitarium and Hosp.	Gen	Church	30	3	20	20	440
Ft. Bragg,—Cumberland							
Station Hospital	Gen	Army	85	5	85	70	1,884
Franklin, 1,004—Macon							
Angel Hospital	Gen	NPAssn	30	2	22	35	1,240
Gastonia, 17,594—Gaston							
City Hospital	Gen	Corp	60	6	44	22	672
Gaston Sanatorium	Gen	Corp	40	6	30	11	420
North Carolina Orthopedic Hospital	Orth	State	130	..	..	103	393
Goldsboro, 14,055—Wayne							
Goldsboro Hospital	Gen	NPAssn	35	6	30	12	1,245
State Hospital (col.)	Ment	State	1,910	..	..	1,800	441
Greensboro, 53,569—Guilford							
Clinic Hospital	Gen	NPAssn	45	5	67	27	1,140
Glenwood Park Sanitarium	N&M	Indiv	30	..	..	14	242
L. Richardson Memorial Hospital (col.)[o-o]	Gen	NPAssn	60	4	81	25	777

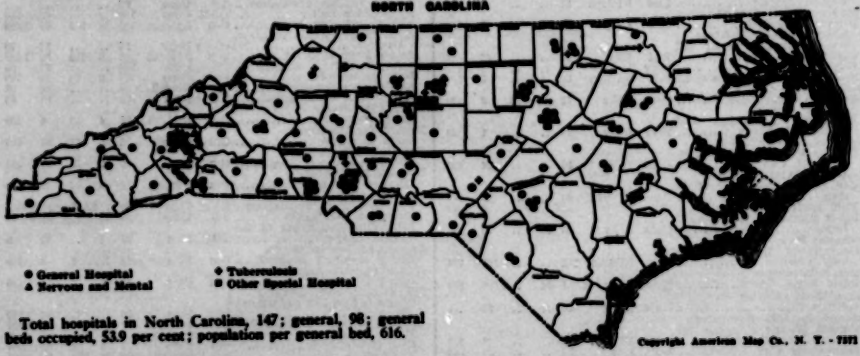
Key to symbols and abbreviations is on page 1091

NORTH CAROLINA—Continued

Hospitals and Sanatoriums	Type	Control	Bassinets	Beds	Cribs	Births	Admissions	Patients
St. Leo's Hospital[o]	Gen	Church	25	6	30	30	1,051	
Stonybrook Children's Hospital	Chil	NPAssn	10	3	10	10	181	
Watts Lane Hospital	Gen	NPAssn	6	1	6	2	105	
Greenville, 15,551—Pitt								
Pitt Community Hospital	Gen	Corp	20	6	45	14	702	
Hamlet, 4,021—Richmond								
Hamlet Hospital[o]	Gen	Corp	20	4	..	..	600	
Hendersonville, 4,536—Yancey								
Jubilee Hospital (col.)	Gen	Church	25	4	24	19	242	
Maria Parham Hospital	Gen	NPAssn	40	5	25	15	1,150	
Hendersonville, 1,009—Henderson								
Edgewood Sanatorium	TB	Indiv	24	..	No data supplied			
Pelham Memorial Hospital	Gen	NPAssn	25	6	61	19	650	
Hickory, 7,523—Catawba								
Hickory Tuber. Hospital	Gen	Indiv	25	6	20	17	712	
High Point, 31,702—Guilford								
Barron Memorial Hospital[o]	Gen	NPAssn	60	7	60	44	1,512	
Guilford General Hospital	Gen	NPAssn	25	6	75	24	1,051	
Huntersville, 500—Mecklenburg								
Huntersville Sanatorium	TB	County	102	..	..	147	122	
Jamestown, R—Guilford								
Guilford County Sanatorium	TB	County	100	..	..	100	102	
Kenton, 11,402—Lenoir								
Kinston General Hospital	Gen	NPAssn	25	5	20	20	622	
Parrott Memorial Hospital	Gen	NPAssn	25	10	70	22	710	
Laurinburg, 3,252—Scotland								
Laurinburg Hospital	Gen	NPAssn	20	3	15	11	615	
Lenoir, 5,216—Caldwell								
Lenoir Hospital[o]	Gen	NPAssn	25	5	25	20	1,020	

NORTH CAROLINA—Continued

Hospitals and Sanatoriums	Type	Control	Bassinets	Beds	Cribs	Births	Admissions	Patients
Raleigh, 37,379—Wake								
Mary Elizabeth Hospital[o]	Gen	Corp	25	7	30	24	623	
Rex Hospital[oo]	Gen	NPAssn	110	14	225	77	2,722	
St. Agnes Hospital (col.)[oo]	Gen	Church	20	10	60	20	1,000	
State Hospital[o]	Ment	State	2,575	..	..	2,070	257	
Reidsville, 6,531—Rockingham								
Memorial Hospital	Gen	NPAssn	44	6	42	13	600	
Roanoke Rapids, 2,604—Halifax								
Roanoke Rapids Hospital[o]	Gen	NPAssn	77	13	120	62	1,672	
Rocky Mount, 21,619—Nash								
Atlantic Coast Line Hospital	Indus	NPAssn	20	..	..	27	722	
Park View Hospital[oo]	Gen	NPAssn	60	10	72	62	1,800	
Rocky Mount Sanitarium[o]	Gen	NPAssn	42	5	21	25	750	
Rutherfordton, 1,600—Rutherford								
Rutherford Hospital[o]	Gen	NPAssn	60	4	19	28	1,454	
Salisbury, 15,051—Rowan								
Rowan General Hospital[o]	Gen	NPAssn	30	10	60	54	900	
Sanatorium, R—Rowan								
North Carolina Sanatorium[oo]	TB	State	404	..	..	455	613	
Sanford, 4,555—Lee								
Lee County Hospital	Gen	County	47	8	24	13	300	
Shelby, 10,196—Cleveland								
Shelby Hospital[o]	Gen	CyCo	44	6	69	28	1,600	
Smithfield, 2,545—Johnston								
Johnston County Hospital	Gen	NPAssn	25	8	64	16	750	
Southern Pines, 4,164—Moore								
Pine Crest Manor Sanatorium	TB	Indiv	60	..	..	25	117	
Southport, 1,793—Brunswick								
Brunswick County Hospital	Gen	CyCo	45	8	45	13	641	



Total hospitals in North Carolina, 147; general, 98; general beds occupied, 53.9 per cent; population per general bed, 616.

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Lenoir, 4,888—Caldwell							
Caldwell Hospital	Gen	NPAssn	25	6	30	30	514
Duke Hospital	Gen	Indiv	15	2	..	Nov	...
Lexington, 6,662—Davidson							
Davidson Hospital	Gen	Indiv	24	6	20	7	283
Lincolnton, 3,781—Lincoln							
Lincoln Hospital[o]	Gen	Indiv	25	3	15	13	705
Lumberton, 4,140—Robeson							
Baker Sanatorium[o]	Gen	NPAssn	60	5	100	61	1,772
Thompson Memorial Hospital[o]	Gen	NPAssn	32	5	75	21	1,200
Marion, 5,467—McDowell							
Marion General Hospital	Gen	NPAssn	20	3	20	13	600
Monroe, 6,102—Union							
Ellen Fitzgerald Hospital	Gen	Indiv	45	8	22	25	650
Mooresville, 5,619—Iredell							
Lawrance Hospital[o]	Gen	NPAssn	20	4	60	20	900
Morehead City, 2,881—Carteret							
Morehead City Hospital	Gen	City	25	3	20	12	600
Morganton, 6,007—Burke							
Broadoaks Sanatorium	N&M	Part	75	..	..	35	115
Grace Hospital[o]	Gen	Church	32	10	127	25	1,225
State Hospital	Ment	State	2,600	..	..	1,200	825
Mt. Airy, 4,606—Surry							
North Memorial Hospital[oo]	Gen	Indiv	44	6	10	25	552
Murphy, 1,612—Cherokee							
Petrie Hospital	Gen	Indiv	17	1	6	6	267
New Bern, 11,551—Craven							
St. Luke's Hospital[o]	Gen	NPAssn	31	2	175	20	625
North Wilkesboro, 3,555—Wilkes							
Wilkes Hospital	Gen	Indiv	25	2	27	15	611
Oteen, 50—Buncombe							
Veterans Admin. Facility	TB	Vet	250	..	..	667	1,333
Oxford, 4,166—Granville							
Brantwood Hospital	Gen	NPAssn	20	6	15	10	267
Susie Clay Cheatham Memorial Hospital (col.)	Gen	NPAssn	14	2	15	9	276
Pinehurst, R—Moore							
Moore County Hospital[o]	Gen	NPAssn	25	6	27	20	925

Statesville, 10,465—Iredell							
Davis Hospital[oo]	Gen	Corp	120	12	60	60	1,667
H. F. Long Hospital	Gen	NPAssn	45	4	27	25	1,070
Spivey, 1,240—Jackson							
C. J. Harris Community Hosp.	Gen	NPAssn	24	1	17	10	262
Tarboro, 4,370—Edgecombe							
Edgecombe General Hospital	Gen	NPAssn	25	5	21	15	697
Thomasville, 10,626—Davidson							
City Memorial Hospital	Gen	City	20	5	7	12	485
Tryon, 1,676—Polk							
St. Luke's Hospital	Gen	NPAssn	25	3	21	8	277
Waxhaw, 2,124—Union							
Anona Sanatorium[o]	Gen	NPAssn	25	5	61	21	744
Washington, 7,625—Beaufort							
Riverview Hospital	Gen	Indiv	12	3	20	10	275
Taylor Hospital[o]	Gen	NPAssn	25	2	20	27	900
Waynesville, 2,614—Haywood							
Haywood County Hospital	Gen	County	60	6	57	45	566
Wilmington, 32,270—New Hanover							
Bolboh Hospital	Gen	Corp	25	4	12	5	200
Community Hospital (col.)[o]	Gen	CyCo	25	4	60	17	542
James Walker Memorial Hospital[oo]	Gen	NPAssn	120	14	571	24	3,544
Wilmington Red Cross Sanit.	TB	NPAssn	20	..	..	25	25
Wilson, 11,815—Wilson							
Moore-Herring Hospital[o]	Gen	Corp	20	4	No data supplied		
Winston-Salem, 75,274—Forsyth							
City Memorial Hospital[oo]	Gen	City	225	35	240	65	3,571
Forsyth County Sanatorium	TB	County	124	..	..	121	134
North Carolina Baptist Hosp.[o]	Gen	Church	150	16	220	60	2,500
Wrightsville Sound, R—New Hanover							
Babies Hospital	Chil	NPAssn	25	..	..	10	213
Related Institutions							
Asheville, 50,193—Buncombe							
Sunset Heights	TB	Corp	25	..	..	14	68
Violet Hill Sanatorium	TB	Indiv	27	..	..	..	...
Bakersville, 650—Mitchell							
Bailey Clinic	Gen	Indiv	7	..	4	2	149

Key to symbols and abbreviations is on page 1091

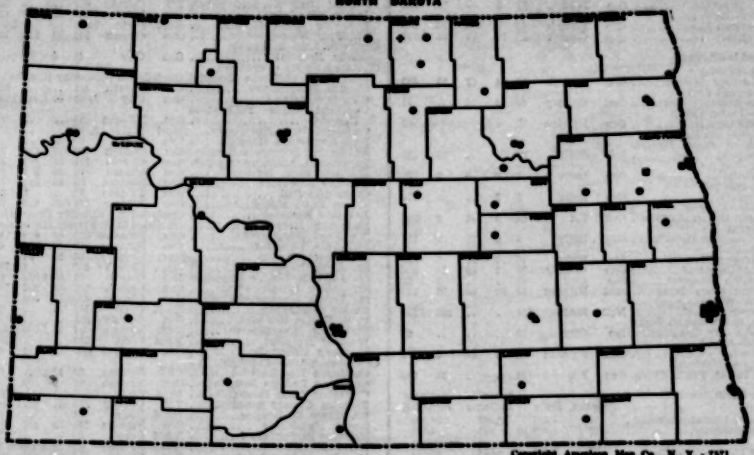
NORTH CAROLINA—Continued

Related Institutions	Type of Service	Control	Bassinets	Bed Capacity	Number of Births	Admissions	Patients Admitted
Biltmore, 175—Buncombe							
Hillcroft Sanatorium	TB	Part	10	..	..	17	57
Candler, 50—Buncombe							
Pisgah Sanit. and Hospital	Gen	Church	20	1	3	6	114
Charlotte, 82,675—Mecklenburg							
Florence Crittenton Industrial Home	Mat	NPAssn	27	7	27	3	35
Thompson Orphnage and Training Institution	Inst	Church	14	..	..	3	140
Davidson, 1,465—Mecklenburg							
Davidson College Infirmary	Inst	NPAssn	12	..	..	3	165
Durham, 52,037—Durham							
Salvation Army Home and Hospital	Mat	Church	20	25	20	25	20

NORTH DAKOTA

Hospitals and Sanatoriums	Type of Service	Control	Bassinets	Bed Capacity	Number of Births	Admissions	Patients Admitted
Belcourt, 225—Rolette							
Turtle Mountain Hospital	Gen	I A	20	6	112	61	618
Bismarck, 11,090—Burleigh							
Bismarck Hospital[3]	Gen	Church	120	12	120	70	2,157
St. Alexius Hospital[3]	Gen	Church	144	6	175	97	2,324
Station Hospital	Gen	Army	20	..	..	12	240
Bottineau, 1,322—Bottineau							
St. Andrew's Hospital[3]	Gen	Church	20	7	110	20	1,100
Carrington, 1,717—Foster							
Carrington Hospital	Gen	NPAssn	22	6	20	12	345
Devils Lake, 5,451—Ramsey							
General Hospital[3]	Gen	NPAssn	45	6	35	23	1,027
Mercy Hospital[3]	Gen	Church	45	11	120	20	1,570
Dickinson, 3,985—Stark							
St. Joseph's Hospital	Gen	Church	70	10	125	34	1,022
Drayton, 886—Pembina							
Drayton Hospital	Gen	NPAssn	14	2	16	6	200
Edgeley, 887—La Moure							
Edgeley Hospital	Gen	Indiv	12	..	5	6	243
Fargo, 28,619—Cass							
St. John's Hospital[3]	Gen	Church	125	20	221	73	2,452
St. Luke's Hospital[3]	Gen	Church	120	17	170	50	1,982
Veterans Admin. Facility	Gen	Vet	100	..	..	72	211
Ft. Totten, 61—Benson							
Ft. Totten Hospital	Gen	I A	21	4	20	20	600
Ft. Yates, 600—Sioux							
Standing Rock Indian Hosp.	Gen	I A	20	11	20	15	675
Grafton, 2,132—Walsh							
Grafton Deaconess Hospital[3]	Gen	Church	45	6	105	25	895
Grand Forks, 17,112—Grand Forks							
Grand Forks Deaconess Hospital[3]	Gen	NPAssn	55	25	200	41	2,100
St. Michael's Hospital[3]	Gen	Church	55	15	160	25	1,370
Harvey, 2,157—Wells							
Good Samaritan Hospital and Sanitarium	Gen	NPAssn	40	6	32	25	600
Jamestown, 6,187—Stutsman							
North Dakota State Hospital for Insane[3]	Ment	State	2,000	..	..	1,700	271
Trinity Hospital[3]	Gen	Church	60	12	125	45	1,200
Kenmare, 1,494—Ward							
Kenmare Deaconess Hospital	Gen	Church	45	5	85	10	655
Mandan, 5,607—Morton							
Mandan Deaconess Hospital	Gen	Church	60	6	112	60	1,102
McVille, 512—Nelson							
Community Hospital	Gen	Corp	12	2	35	9	312
Minot, 16,099—Ward							
McCannel's Private Hospital	ENT	Indiv	10	1	..	5	650
St. Joseph's Hospital[3]	Gen	Church	80	14	185	82	1,702
Trinity Hospital[3]	Gen	Church	150	20	540	307	5,200
New Rockford, 2,125—Eddy							
Donahoe Hospital	Gen	Indiv	10	3	20	4	180

NORTH DAKOTA



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Total hospitals in North Dakota, 55; general, 45; general beds occupied, 57.1 per cent; population per general bed, 314.

* General Hospital
† Nervous and Mental

‡ Tuberculosis
§ Other Special Hospital

Related Institutions	Type of Service	Control	Bassinets	Bed Capacity	Number of Births	Admissions	Patients Admitted
Fayetteville, 12,849—Cumberland							
Fayetteville Eye, Ear, Nose and Throat Hospital	ENT	Part	10	..	..	2	605
Gastonia, 17,893—Gaston							
Gaston County Colored Hosp.	Gen	County	11	1	2	2	102
Greensboro, 53,569—Guilford							
Reaves Eye, Ear, Nose and Throat Infirmary	ENT	Indiv	10	..	No data supplied		
Halifax, 591—Halifax							
Halifax County Tuberculosis Sanitarium	TB	County	24	..	No data supplied		
Henderson, 3,949—Vance							
Parker Sanatorium	TB	County	14	..	..	12	7
Kinston, 11,289—Lenoir							
Caswell Training School	MeDe	State	645	..	..	640	....
Monroe, 6,182—Union							
Quality Hill Sanit. (col.)	Gen	Indiv	10	2	4	4	124
North Wilkesboro, 2,625—Wilkes							
Wilkes County Tuberculosis Hut	TB	County	14	..	..	6	8
Raleigh, 37,379—Wake							
North Carolina State School for the Blind and Deaf	Inst	State	15	..	..	3	211
Wake County Home Hospital	Inst	County	115	..	..	127	54
Sabula, 250—Polk							
Infants and Children's Sanit.	Chil	Indiv	35	..	..	25	215
Spartanburg Baby Hospital	Chil	NPAssn	30	..	..	25	180
Tarboro, 4,977—Edgecombe							
Penn Memorial Hospital	Gen	Indiv	6	2	4	4	100
Thomasville, 10,626—Davidson							
Mills Home Infirmary	Inst	Church	20	..	..	1	214
Wilson, 15,633—Wilson							
Mercy Hospital (col.)	Gen	CyCo	25	..	..	20	....

Summary for North Carolina:	Number	Beds	Average Patients	Patients Admitted
Hospitals and sanatoriums	126	14,620	10,548	112,659
Related Institutions	21	1,181	554	4,543
Totals	147	15,701	11,102	116,202
Refused registration	6	181		

Key to symbols and abbreviations is on page 1031

NORTH DAKOTA—Continued

Hospitals and Sanatoriums	Type of Service	Control	Approved by Council	Registered by A. M. A.	Number of Beds	Bassinets	Average Number of Patients	Patients Admitted
Northwood, 971—Grand Forks								
Northwood Deaconess Hospital	Gen	NFAssn	20	4	34	10	679	
Oakes, 1,702—Dickey								
St. Anthony's Hospital	Gen	Church	20	3	34	8	220	
Portal, 612—Burke								
Parker Hospital	Gen	Indiv	11	..	20	5	103	
Rolette, 626—Rolette								
Community Hospital	Gen	NFAssn	20	6	75	9	800	
Rugby, 1,515—Pierce								
Good Samaritan Hospital[9]	Gen	Church	20	12	101	25	1,600	
San Haven—Rolette								
North Dakota State Tuberculosis Sanatorium	TB	State	225	..	..	220	200	
Valley City, 5,326—Barnes								
Mercy Hospital[9]	Gen	Church	75	11	71	25	1,350	
Wahpeton, 2,176—Richland								
Webster Hospital	Gen	Part	21	5	40	12	402	
Williston, 5,106—Williams								
Good Samaritan Hospital	Gen	Church	40	7	110	22	900	
Mercy Hospital[9]	Gen	Church	75	12	70	24	1,800	
Related Institutions								
Ambrose, 234—Divide								
Good Samaritan Hospital	Gen	Church	10	4	67	10	400	
Ardoch, 364—Grand Forks								
Grand Forks County Hospital	Inst	County	40	4	12	..	72	
Beach, 1,502—Golden Valley								
Beach Hospital	Gen	NFAssn	10	4	No data supplied			
Bismarck, 11,090—Burleigh								
North Dakota State Penitentiary Hospital	Inst	State	25	..	..	15	121	
Bowman, 892—Bowman								
Bowman Hospital	Gen	Indiv	7	6	10	3	121	
Cando, 1,146—Towner								
Cando Hospital	Gen	Indiv	9	2	..	..	...	
Elbowoods, 125—McLean								
Ft. Berthold Indian Hospital	Gen	I A	20	5	42	9	284	
Elgin, 595—Grant								
Dr. F. C. Lorenzen Hospital	Gen	Indiv	9	2	11	3	111	
Fargo, 32,619—Cass								
Cass Maternity Hospital	Mat	Indiv	15	10	27	3	97	
Cass County Hospital	Gen	County	20	2	40	20	320	
City Detention Hospital	Iso	City	40	..	..	1	27	
Florence Crittenton Home	Mat	NFAssn	45	20	64	32	125	
Grafton, 5,126—Walsh								
Grafton State School	MeDe	State	704	..	..	600	127	
Grand Forks, 17,115—Grand Forks								
Grand Forks City Hospital	Iso	City	19	..	..	..	28	
Mayville, 1,326—Traill								
Union Hospital	Gen	NFAssn	13	6	21	4	202	
Wahpeton, 2,176—Richland								
Wahpeton Indian School Hosp.	Gen	I A	24	..	..	11	205	

Summary for North Dakota:

	Number	Beds	Average Number of Patients	Patients Admitted
Hospitals and sanatoriums	39	4,545	3,567	39,550
Related institutions	17	1,199	941	4,902
Totals	56	5,744	4,508	44,452
Refused registration	3	85		

OHIO

Hospitals and Sanatoriums	Type of Service	Control	Approved by Council	Registered by A. M. A.	Number of Beds	Bassinets	Average Number of Patients	Patients Admitted
Akron, 244,540—Summit								
Children's Hospital[9]	Chl	NFAssn	110	..	..	64	2,102	
City Hospital[9]	Gen	NFAssn	212	55	540	170	6,659	
Edwin Shaw Sanatorium	TB	County	202	..	..	211	128	
People Hospital	Gen	NFAssn	120	25	421	71	2,324	
St. Thomas Hospital[9]	Gen	Church	140	40	570	91	3,705	
Alliance, 23,047—Stark								
Alliance City Hospital[9]	Gen	City	60	11	170	41	1,521	
Ashland, 5,244—Lorain								
Pleasant View Sanatorium	TB	County	90	..	..	97	102	
Ashland, 11,161—Ashland								
Samaritan Hospital[9]	Gen	NFAssn	50	12	107	15	600	
Ashtabula, 20,961—Ashtabula								
Ashtabula General Hospital[9]	Gen	NFAssn	70	14	91	21	1,601	
Athens, 7,202—Athens								
Athens State Hospital	Ment	State	1,641	..	..	1,570	225	
Shelby Arms Hospital	Gen	Indiv	20	5	34	10	600	
Barberton, 29,594—Summit								
Obstone Hospital	Gen	Corp	50	10	104	20	1,057	
Barnesville, 4,657—Belmont								
Barnesville General Hospital	Gen	Corp	14	4	14	5	220	
Bedford, 6,814—Cuyahoga								
Bedford Municipal Hospital	Gen	City	17	9	105	12	250	
Belaire, 10,257—Belmont								
City Hospital	Gen	NFAssn	45	5	57	15	605	
Bryan, 5,627—Cuyahoga								
Community Hospital	Gen	NFAssn	40	9	109	17	602	
Bucyrus, 10,827—Crawford								
Bucyrus City Hospital	Gen	City	37	6	52	10	201	
Cambridge, 14,313—Guernsey								
Wells Hospital	Gen	Church	25	..	..	10	142	
Canton, 104,390—Stark								
Aultman Hospital[9]	Gen	NFAssn	125	24	247	57	1,902	
Mercy Hospital[9]	Gen	Church	140	28	227	60	2,600	
Molly Stark Sanatorium	TB	County	107	..	..	127	200	
Celina, 4,604—Mercer								
Otis Hospital	Gen	Indiv	10	6	13	5	220	

OHIO—Continued

Hospitals and Sanatoriums	Type of Service	Control	Approved by Council	Registered by A. M. A.	Number of Beds	Bassinets	Average Number of Patients	Patients Admitted
Chillicothe, 16,540—Ross								
Chillicothe Hospital	Gen	NFAssn	60	6	60	22	915	
St. Logan Sanatorium	TB	County	60	..	..	22	47	
U. S. Industrial Reformatory	Inst	USPHS	60	..	..	21	710	
Veterans Admin. Facility	Ment	Vet	945	..	..	870	140	
Cincinnati, 451,160—Hamilton								
Bethesda Hospital[9]	Gen	Church	325	0	457	215	7,000	
Children's Hospital[9]	Chl	Church	140	3	..	62	2,000	
Christ Hospital[9]	Gen	Church	300	60	674	202	6,015	
Christian R. Holmes Hospital	Gen	City	60	..	..	19	600	
Cincinnati General Hospital[9]	Gen	City	800	65	1,911	653	16,777	
Cincinnati Sanitarium[9]	M&M	Corp	100	..	..	60	110	
Deaconess Hospital	Gen	Church	150	40	187	60	3,084	
Good Samaritan Hospital[9]	Gen	Church	425	72	1,324	268	7,400	
Grandview Hospital	M&M	Corp	40	..	..	19	150	
Hamilton County Tuberculosis Sanatorium	TB	County	624	..	..	200	600	
Jewish Hospital[9]	Gen	NFAssn	325	57	650	111	5,200	
Longview State Hospital	Ment	State	2,500	..	..	2,527	300	
St. Mary Hospital[9]	Gen	Church	250	50	325	125	3,567	
Circleville, 7,200—Pickaway								
Berger Hospital	Gen	City	25	4	32	7	340	
Cleveland, 900,429—Cuyahoga								
Babies and Children Hospital	(Included in University Hospitals)							
Charity Hospital[9]	Gen	Church	250	125	1,000	..	4,000	
City Hospital[9]	Gen	City	1,000	55	1,410	1,321	14,207	
Cleveland Clinic Foundation Hospital	Gen	NFAssn	250	..	..	101	2,000	
Cleveland State Hospital[9]	Ment	State	2,200	..	..	2,041	300	
East 55th Street Hospital	Gen	Corp	60	12	..	..	...	
Evangelical Deaconess Hospital	Gen	Church	300	25	467	80	1,267	
Evangelical Lutheran Hosp.[9]	Gen	Church	110	21	225	64	1,202	
Fairview Park Hospital[9]	Gen	Church	100	20	241	51	2,267	
Glenville Hospital[9]	Gen	NFAssn	80	15	151	55	1,745	
Grace Hospital	Gen	NFAssn	32	..	1	16	281	
Huron Road Hospital[9]	Gen	NFAssn	150	..	240	50	1,200	
Lakeside Hospital	(Included in University Hospitals)							
Maternity Hospital	(Included in University Hospitals)							
Mt. Sinai Hospital[9]	Gen	NFAssn	225	45	450	134	4,671	
Polyclinic Hospital	Gen	NFAssn	90	15	154	40	2,264	
Providence Hospital	Gen	Church	50	10	92	6	170	
St. Alexis Hospital[9]	Gen	Church	200	..	1	111	3,429	
St. Ann's Maternity Hospital[9]	Mat	Church	40	40	1,021	21	1,167	
St. John's Hospital[9]	Gen	Church	175	34	272	122	3,677	
St. Luke's Hospital[9]	Gen	Church	227	35	502	112	6,000	
Shaker Sanatorium	M&M	Corp	110	..	..	20	110	
U. S. Marine Hospital	Gen	USPHS	221	..	..	141	1,581	
University Hospitals[9]	Gen	NFAssn	675	65	1,702	488	12,000	
Wheeler Sanatorium	M&M	Corp	110	..	..	100	142	
Women's Hospital[9]	Gen	NFAssn	60	21	240	45	1,247	
Columbus, 290,564—Franklin								
Children's Hospital[9]	Chl	NFAssn	80	15	..	69	5,284	
Columbus Hospital	Gen	NFAssn	32	6	92	17	600	
Columbus State Hospital[9]	Ment	State	3,200	..	..	3,702	714	
Franklin County Sanatorium	TB	County	210	..	..	205	220	
Dr. Geyer Sanatorium	M&M	Indiv	30	..	..	20	110	
Grant Hospital	Gen	NFAssn	200	50	497	152	4,201	
McMillan Sanatorium	M&M	Corp	25	..	..	22	120	
Mercy Hospital[9]	Gen	NFAssn	45	15	No data supplied			
St. Carmel Hospital[9]	Gen	Church	214	30	260	117	1,802	
St. Ann's Infant Asylum and Maternity Hospital	Mat	Church	35	20	200	9	220	
St. Anthony's Hospital	Gen	Church	250	..	..	205	2,000	
St. Chas' Hospital	Gen	NFAssn	30	6	15	10	240	
St. Francis Hospital[9]	Gen	Church	150	..	..	..	...	
Speer Eye, Ear, Nose and Throat Hospital	ENT	Indiv	15	..	..	..	200	
Starling-Loving University Hospital[9]	Gen	State	221	25	425	102	4,200	
Station Hospital	Gen	Army	75	6	22	22	2,000	
White Cross Hospital[9]	Gen	Church	245	20	200	121	5,244	
Conneaut, 6,991—Ashtabula								
Byron Memorial Hospital	Gen	NFAssn	20	5	42	10	400	
Coshocton, 10,220—Coshocton								
Coshocton City Hospital[9]	Gen	City	25	3	No data supplied			
Crestline, 4,425—Crawford								
Crestline Memorial Hospital	Gen	NFAssn	10	4	13	4	125	
Cuyahoga Falls, 10,797—Summit								
Fair Oaks Villa	M&M	Corp	20	..	..	47	105	
Dayton, 200,982—Montgomery								
Dayton State Hospital[9]	Ment	State	1,250	..	..	1,317	400	
Good Samaritan Hospital[9]	Gen	Church	124	45	225	55	1,200	
Miami Valley Hospital[9]	Gen	NFAssn	225	60	1,070	217	6,267	
Orchard Springs Sanitarium	M&M	Corp	25	..	..	7	64	
St. Elizabeth Hospital[9]	Gen	Church	250	60	554	220	5,427	
Silvester Sanatorium	TB	County	141	..	..	93	125	
Veterans Admin. Facility	Gen	Vet	1,304	..	..	893	2,253	
Defiance, 6,852—Defiance								
Defiance County Hospital	Gen	NFAssn	20	5	22	10	600	
Dennison, 4,859—Tuscarawas								
Twin City Hospital	Gen	NFAssn	20	5	14	9	200	
Dover, 9,712—Tuscarawas								
Union Hospital	Gen	NFAssn	25	10	46	25	600	
East Liverpool, 26,329—Columbiana								
East Liverpool City Hospital[9]	Gen	City	80	10	115	42	1,420	
Elyria, 25,428—Lorain								
Elyria Clinic Hospital	Gen	NFAssn	32	6	8	7	220	
Elyria Memorial Hospital[9]	Gen	NFAssn	125	20	245	54	2,600	
Findlay, 19,326—Hancock								
Home and Hospital	Gen	City	60	12	124	10	702	
Fremont, 13,522—Sandusky								
Community Hospital	Gen	Indiv	12	4	8	6	200	
Memorial Hospital of Sandusky County	Gen	NFAssn	30	12	122	24	816	
Galion, 7,201—Crawford								
Good Samaritan Hospital	Gen	NFAssn	15	4	24	5	234	

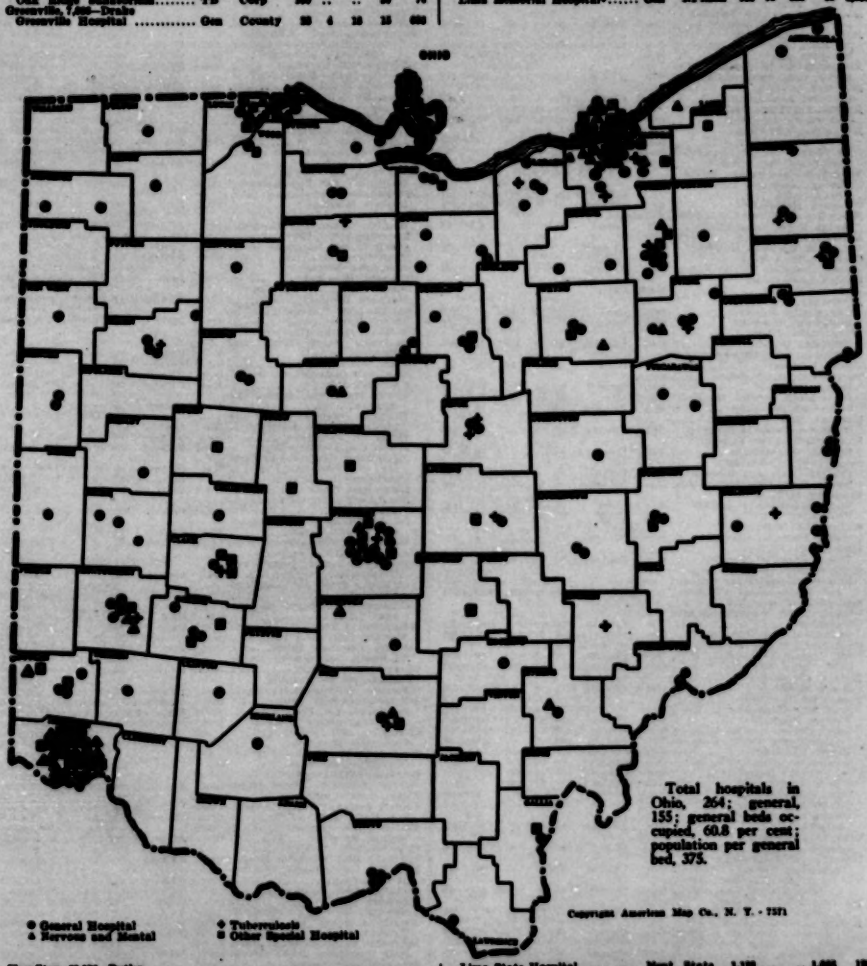
Key to symbols and abbreviations is on page 1091

OHIO—Continued

Hospitals and Sanatoriums	Type of Hospital	Control	Bassinets	Beds	Cribs	Total Beds and Cribs	Annual Admissions
Gallipolis, 7,105—Gallia							
Holzer Hospital[2]	Gen	Part	11	4	10	25	1,174
Ohio Hospital for Epileptics	Epil	State	1,917	..	..	1,917	384
Green Springs, Th—Sandusky and Seneca[7]							
Oak Ridge Sanatorium	TB	Corp	100	..	..	80	74
Greenville, 7,320—Darke							
Greenville Hospital	Gen	County	20	4	12	15	600
Hamilton, 32,176—Butler							
Fort Hamilton Hospital	Gen	HPAssn	22	14	107	47	1,301
Mercy Hospital[2]	Gen	Church	105	25	200	81	1,315
Hillsboro, 4,645—Highland							
Hillsboro Hospital	Gen	HPAssn	12	4	12	5	300
Ironton, 14,621—Lawrence							
Charles S. Gray Duncanson Hospital	Gen	Church	22	5	57	10	610
Kenton, 7,691—Hardin							
McKitrick Hospital	Gen	HPAssn	11	4	20	11	325
San Antonio Hospital	Gen	Church	11	4	12	17	285

OHIO—Continued

Hospitals and Sanatoriums	Type of Hospital	Control	Bassinets	Beds	Cribs	Total Beds and Cribs	Annual Admissions
Lakewood, 70,509—Cuyahoga							
Lakewood City Hospital[2]	Gen	City	30	30	204	81	2,330
Lima, 46,401—Allen							
District Tuberculosis Hospital	TB	County	120	..	..	107	102
Lima Memorial Hospital[2]	Gen	HPAssn	122	15	250	65	1,331
Lima State Hospital	Ment	State	1,122	..	..	1,022	127
St. Rita's Hospital[2]	Gen	Church	100	16	154	55	1,300
Lodi, 1,078—Medina							
Lodi Hospital	Gen	Corp	17	4	27	10	257
Logan, 6,626—Hocking							
Christopher Hospital	Gen	Part	21	4	17	12	300
Lorain, 44,318—Lorain							
St. Joseph's Hospital	Gen	Church	100	20	225	41	1,705
Mansfield, 31,822—Richland							
Mansfield General Hospital[2]	Gen	HPAssn	82	20	202	67	2,125
Thomas Hospital	Gen	Indiv	15	4	24	4	250


OHIO
Total hospitals in Ohio, 264; general, 155; general beds occupied, 60.8 per cent; population per general bed, 375.
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General Hospital
Nervous and Mental
Tuberculosis
Other Special Hospital

Key to symbols and abbreviations is on page 1091

OHIO—Continued

Hospitals and Sanatoriums	Ownership	Control	Registered by Board	Interns	Residents	Annual Admissions	Annual Clinic Visits
Marietta, 14,822—Washington							
Marietta Memorial Hospital	Gen	NPAssn	84	10	60	25	1,824
Marion, 21,624—Marion							
Marion City Hospital	Gen	City	35	11	60	25	814
Sawyer Sanatorium	N&M	Part	60	..	..	25	139
Martins Ferry, 14,822—Belmont							
Martins Ferry Hospital[b]	Gen	NPAssn	70	5	57	43	2,000
Massillon, 26,425—Stark							
Massillon City Hospital[b]	Gen	NPAssn	92	14	230	45	3,114
Massillon State Hospital	Ment	State	2,265	..	..	2,500	642
Mechanicsburg, 1,754—Champaign							
Rocky Glen Sanatorium	TB	NPAssn	120	..	..	100	116
Mentor, 1,320—Lake							
Dellwood Sanatorium	N&M	Corp	120	..	..	107	64
Middletown, 29,538—Butler							
Middletown Hospital[b]	Gen	NPAssn	80	14	205	61	2,000
Mt. Vernon, 6,598—Knox							
Mercy Hospital	Gen	Church	48	10	58	14	682
Mt. Vernon Hospital Assn.	Gen	Indiv	39	9	57	17	1,000
Ohio State Sanatorium[c]	TB	State	150	..	..	221	300
Newark, 30,537—Licking							
Licking County Tuberculosis Sanatorium	TB	County	50	..	..	51	120
Newark Hospital	Gen	NPAssn	50	10	160	52	1,577
North Royalton (Brecksville P.O.), Cuyahoga							
Mount Royal Sanatorium	TB	Corp	45	..	..	45	70
Norwalk, 7,176—Huron							
Norwalk Memorial Hospital	Gen	NPAssn	37	9	57	12	300
Oberlin, 4,822—Lorain							
Allen Hospital, Oberlin College	Gen	NPAssn	35	5	85	11	701
Oxford, 2,487—Butler							
Oxford Retreat	N&M	Corp	20	..	..	10	20
Perrysburg, 3,195—Wood							
Community Hospital	Gen	Indiv	12	3	16	7	300
Historical Hospital	Guiter	Indiv	15	..	..	..	200
Piqua, 16,051—Miami							
Memorial Hospital	Gen	NPAssn	82	8	117	25	800
Pt. Clinton, 4,425—Ottawa							
Pool Hospital	Gen	Indiv	10	4	14	12	200
Portsmouth, 42,560—Scioto							
Mercy Hospital[b]	Gen	Church	65	9	102	41	1,600
Portsmouth General Hospital[b]	Gen	City	90	15	142	62	1,541
Robertson Hospital[b]	Gen	NPAssn	44	6	58	21	127
Ravenna, 5,647—Portage							
Robinson Memorial Hospital	Gen	County	62	8	81	39	954
St. Clairsville, 3,468—Belmont							
Belmont Sanatorium	TB	County	56	..	..	52	61
Salem, 12,808—Columbiana							
Central Dispensary and Hospital	Gen	Corp	30	6	52	13	200
Salem City Hospital[b]	Gen	NPAssn	60	12	75	21	700
Sandusky, 24,052—Erie							
Good Samaritan Hospital[b]	Gen	Corp	85	9	140	31	942
Providence Hospital	Gen	Church	60	15	155	51	725
Shelby, 6,120—Richland							
Shelby Memorial Hospital	Gen	NPAssn	27	5	73	9	404
Sidney, 9,221—Shelby							
Wilson Memorial Hospital	Gen	NPAssn	32	5	61	12	600
South Euclid, 4,236—Cuyahoga							
Babbitt Hospital for Crippled and Convalescent Children		(Included in Univ. Hospitals, Cleveland)					
Springfield, 61,742—Clark							
Clark County Tuberculosis Sanatorium	TB	County	120	..	..	130	288
Springfield City Hospital[b]	Gen	City	205	45	447	112	5,000
Steubenville, 35,425—Jefferson							
Ohio Memorial Hospital	Gen	NPAssn	32	5	85	15	730
Ohio Valley Hospital[b]	Gen	NPAssn	115	10	230	70	2,047
Tiffin, 16,459—Seneca							
Mercy Hospital	Gen	Church	35	6	64	29	705
Toledo, 290,718—Lucas							
East Side Hospital	Gen	NPAssn	41	4	90	15	670
Flower Hospital[b]	Gen	Church	150	25	274	85	2,570
Lucas County General Hosp.[b]	Gen	County	225	25	350	210	5,000
Lucas County Tuber. Hospital	TB	County	150	..	..	165	102
Mercy Hospital[b]	Gen	Church	175	30	287	93	1,522
Robinwood Hospital[b]	Gen	Church	21	12	120	21	768
St. Vincent's Hospital[b]	Gen	Church	250	45	325	214	5,521
Toledo Hospital[b]	Gen	NPAssn	150	25	250	77	1,500
Toledo Hospital	N&M	Corp	50	..	..	30	85
Toledo State Hospital[c]	Ment	State	2,500	..	..	2,450	600
Women's and Children's Hospitals[b]	Gen	NPAssn	113	20	222	37	1,134
Troy, 6,673—Miami							
Wonder Memorial Hospital	Gen	City	40	10	64	13	624
Urbana, 7,762—Champaign							
Champaign County Hospital	Gen	County	35	5	35	10	270
Van Wert, 8,478—Van Wert							
Van Wert County Hospital	Gen	County	44	6	34	22	365
Wadsworth, 3,020—Medina							
Wadsworth Municipal Hospital	Gen	City	25	12	60	15	320
Warren, 41,260—Trumbull							
St. Joseph's Riverside Hospital	Gen	Church	60	10	150	24	1,119
Trumbull County Tuberculosis Sanatorium	TB	County	65	..	..	67	75
Warren City Hospital	Gen	NPAssn	107	10	194	55	1,858
Warrensville, 1,287—Cuyahoga							
Sunny Acres, Cleveland Tuberculosis Sanatorium[c]	TB	CyCo	651	..	..	419	686
Wauseon, 3,026—Fulton							
Dr Ella Harrison Dreuther Memorial Hospital	Gen	NPAssn	45	7	55	25	750
Wilard, 4,514—Huron							
Wilard Municipal Hospital	Gen	City	24	6	60	6	225
Winchester, 1,552—Clinton							
Dr. Kelley Hale Surgical Hosp.	Gen	Indiv	17	7	5	5	115

OHIO—Continued

Hospitals and Sanatoriums	Ownership	Control	Registered by Board	Interns	Residents	Annual Admissions	Annual Clinic Visits
Wooster, 10,762—Wayne							
Emery and Emerick Hospital	Gen	Corp	25	5	45	10	225
Wooster Hospital	Gen	Indiv	20	2	No data supplied		
Worthington, 1,326—Franklin							
Harding Sanitarium	N&M	Corp	25	..	..	17	175
Xenia, 10,357—Greene							
McClellan Hospital	Gen	Corp	20	5	20	11	257
Youngstown, 170,002—Mahoning							
Mahoning Tuberculosis Sanat.	TB	County	112	..	..	111	330
St. Elizabeth's Hospital[b]	Gen	Church	225	24	425	102	3,025
Youngstown Hospital[b]	Gen	NPAssn	250	74	611	241	6,975
Zanesville, 29,569—Muskingum							
Bethesda Hospital[b]	Gen	Church	120	20	222	87	2,100
Good Samaritan Hospital[b]	Gen	Church	125	20	225	68	2,170
Related Institutions							
Akron, 255,040—Summit							
Akron Clinic	Gen	Part	12	..	..	5	840
Goodyear Hospital and Dispensary	Indus	NPAssn	25	..	..	3	117
Apple Creek, 625—Wayne							
Institution for Feebleminded	MeDe	State	650	..	..	527	21
Bellefontaine, 8,646—Logan							
Harold Hospital	ENT	Indiv	10	..	..	1	100
Bluffton, 2,622—Allen							
Bluffton Community Hospital	Gen	NPAssn	9	4	24	4	117
Cambridge, 14,424—Guernsey							
Children and Maternity Hosp.	Mat	Corp	12	7	21	4	125
Swan Hospital	Gen	NPAssn	18	4	..	..	....
Celina, 4,664—Mercer							
Gibson Hospital	Gen	Indiv	11	2	11	5	227
Chagrin Falls, 2,411—Cuyahoga							
Maynard Hospital	Chil	NPAssn	24	..	..	2	102
Chardon, 1,612—Geauga							
Sperry Home	Mat	Indiv	10	5	No data supplied		
Cincinnati, 451,160—Hamilton							
Catherine Booth Home and Hospital	Mat	Church	12	10	57	6	240
Child Guidance Home	N&M	Corp	15	..	..	10	110
Children's Convalescent Home	Inst	NPAssn	100	..	..	75	251
Children's Home	Inst	NPAssn	20	..	..	9	641
Evangeline Booth Home and Hospital	Mat	Church	24	4	19	8	71
Hamilton County Home and Chronic Disease Hospital	Inst	County	150	..	..	120	422
Home for Incurables	Inc	NPAssn	72	..	..	70	15
Jewish Convalescent Home	Conv	NPAssn	75	10	No data supplied		
Maple Knoll Hospital and Home for the Friendless	Mat	NPAssn	85	15	140	60	165
Ophthalmic Hospital	ENT	Indiv	12	..	..	2	250
Mercy Rest Home	N&M	Corp	25	..	..	22	52
St. Francis Hospital for Incurables	Inc	Church	200	..	..	255	177
St. Joseph Maternity Hospital and Infant Asylum	Mat	Church	40	20	102	..	52
St. Elizabeth Convalescent Home	Conv	NPAssn	50	..	..	24	158
Cleveland, 900,429—Cuyahoga							
South Memorial Home and Hospital	Mat	Church	12	12	160	5	256
Children's Fresh Air Camp and Hospital	Conv	NPAssn	60	..	..	60	200
Convalescent Tuberculosis Hospital	TB	City	60	..	..	..	....
Evergreen Hospital	Ment	Part	50	..	..	11	456
Florence Crittenton Home	Mat	NPAssn	15	15	10	7	52
Jewish Orphan's Home	Inst	Frat	60	..	..	5	611
St. Luke's Convalescent Hospital for Children	Orth	Indiv	62	..	..	10	40
Columbus, 290,564—Franklin							
Florence Crittenton Home	Mat	NPAssn	24	24	40	22	35
Franklin County Home	Inst	County	125	..	..	102	126
Institution for Feebleminded	MeDe	State	2,500	..	..	2,077	225
Ohio Penitentiary Hospital	Inst	State	125	..	..	110	1,240
Covington, 1,507—Miami							
Covington Hospital	Gen	Part	6	2	11	3	77
Dayton, 210,718—Montgomery							
Quarantine Hospital	Iso	City	25	1	..	..	....
Delaware, 5,675—Delaware							
Girls' Industrial School Hosp.	Inst	State	32	..	..	9	300
Euclid, 15,192—Cuyahoga							
Bon Sanitarium	Conv	Corp	46	..	..	35	70
Rose-Mary Home	Orth	Church	24	..	..	..	9
Fairfield, 1,500—Greene							
Station Hospital	Gen	Army	30	..	..	1	27
Granville, 1,487—Licking							
Whisler Hall Memorial Hosp.	Inst	NPAssn	20	..	..	2	221
Hamilton, 39,176—Butler							
Ruth Hospital	Inst	NPAssn	15	..	..	4	171
Hicksville, 3,445—Defiance							
Amsden Hospital	Gen	Indiv	10	2	10	1	80
Lakewood, 70,509—Cuyahoga							
Wright's Sanit. (For Men)	N&M	Indiv	21	..	No data supplied		
Wright's Sanit. (For Women)	N&M	Indiv	20	..	No data supplied		
Lancaster, 10,776—Fairfield							
Boys' Industrial School Hosp.	Inst	State	100	..	..	..	725
Lebanon, 5,282—Warren							
Bleak Brothers Hospital	Gen	Part	10	3	20	4	200
Lima, 50,387—Allen							
Hoyt's Hospital Clinic	Gen	Corp	5	..	..	..	....
Mansfield, 33,151—Richland							
Ohio State Reformatory	Inst	State	91	..	..	30	1,810
Marblehead, 1,327—Ottawa							
Kelley Island Lime and Transportation Company Hospital	Gen	Corp	6	2	2	1	34
Marietta, 14,822—Washington							
Tremont Hospital	Gen	Indiv	10	4	7	2	49

Key to symbols and abbreviations is on page 1091

V 19

OHIO—Continued

Related Institutions	Type Control	Location	Bassinets for Newborn	Number of Beds	Average Daily Census	Patients Admitted	Patient Days
Marysville, 5,660—Union							
Ohio Reformatory for Women	Inst	State	23	5	No data supplied		
Mt. Vernon, 6,870—Knox							
Ayalon Sanatorium	TB	Indiv	15	..	..	17	21
Munroe Falls, 500—Summit							
Summit County Hospital	Inst	County	100	..	..	60	120
Napoleon, 4,520—Henry							
H. M. Reiber Memorial Hosp.	Gen	City	16	2	No data supplied		
New London, 1,527—Huron							
New London Hospital	Gen	NPAssn	9	3	25	3	30
Orient, 324—Pickaway							
Institution for Feebleminded	MeDv	State	2,600	..	..	2,534	101
Oxford, 6,662—Butler							
Miami University Student Hosp.	Inst	State	24	..	..	9	224
Springfield, 68,743—Clark							
Clark County Hospital	Inst	Frat	20	..	..	48	216
Mercy Memorial Hospital	Inst	Frat	241	..	..	288	288
Springfield Eye, Ear, Nose and Throat Hospital	ENT	Indiv	6	2	..	..	75
State Soldiers Home—Erie							
Ohio Soldiers and Sailors Home Hospital	Inst	State	220	..	..	117	571
Tiffin, 14,657—Seneca							
Mercy Memorial Hospital	Inst	Frat	30	..	..	23	650
Toledo, 293,719—Lucas							
Lucas County Hospital Annex	Chr	County	110	..	..	110	145
Municipal Hospital for Contagious Diseases	Iso	City	40	3	..	11	233
Warrensville, 1,937—Cuyahoga							
Cleveland City Infirmary	Ment	City	160	..	..	160	157
West Dover, 320—Cuyahoga							
Cedarcrest Sanitarium	N&M	Corp	75	..	..	60	51
Wilberforce, 324—Greene							
Tuskawa Hospital of Wilberforce University (col.)	Inst	State	11	..	..	1	60
Wooster, 10,749—Wayne							
Hygeia Hall	Inst	NPAssn	25	..	..	3	264
Zanis, 10,267—Greene							
Espey Hospital	Gen	Indiv	5	2	..	..	...
Ohio Soldiers' and Sailors' Orphans' Home Hospital	Inst	State	65	..	..	37	1,460
Youngstown, 170,002—Mahoning							
Youngstown Municipal Hosp.	Iso	City	60	..	..	5	195

Summary for Ohio:

	Number	Beds	Average Patients	Patients Admitted
Hospitals and sanatoriums	191	43,656	34,462	299,680
Related institutions	72	8,040	7,169	18,200
Totals	264	51,296	41,631	317,880
Refused registration	27	610		

OKLAHOMA

Hospitals and Sanatoriums	Type Control	Location	Bassinets for Newborn	Number of Beds	Average Daily Census	Patients Admitted	Patient Days
Ada, 11,921—Pontotoc							
Ada Hospital	Gen	Indiv	20	6	57	10	701
Bruce's Memorial Hospital	Gen	NPAssn	20	2	6	6	462
Altus, 8,420—Jackson							
City Hospital	Gen	City	20	1	9	6	225
Alva, 5,125—Woods							
Alva General Hospital	Gen	City	25	4	20	12	602
Anadarko, 5,652—Caddo							
Anadarko Hospital	Gen	Indiv	20	3	24	10	402
Ardmore, 14,741—Carter							
Hardy Sanatorium	Gen	Indiv	41	4	42	14	882
Von Keller Hospital and Clinic	Gen	NPAssn	20	2	No data supplied		
Bartlesville, 14,703—Washington							
Washington County Memorial Hospital	Gen	County	20	10	120	10	878
Beaver, 1,462—Beaver							
Beaver Hospital	Gen	Part	20	3	26	7	243
Blackwell, 8,317—Kay							
Blackwell Hospital	Gen	Corp	25	4	No data supplied		
Leslie Sanatorium	Gen	Indiv	22	3	60	9	450
Butler, 672—Custer							
Temerario Hospital	Gen	Indiv	12	2	7	4	168
Cherokee, 2,282—Alfalfa							
Hascall Hospital	Gen	Frat	20	4	10	8	300
Chickasha, 14,992—Grady							
Chickasha Hospital	Gen	Part	64	6	34	20	923
Cottage Hospital	Gen	Indiv	22	3	10	10	450
General Hospital	Gen	NPAssn	20	2	20	5	412
Claremore, 5,730—Rogers							
Claremore Indian Hospital	Gen	I A	20	5	105	25	840
Clinton, 7,513—Custer							
Clinton Hospital	Gen	Indiv	22	2	10	25	1,020
Clinton Indian Hospital	Gen	I A	20	2	12	7	225
Western Oklahoma Tuberculosis Sanatorium	TB	State	220	..	..	222	404
Cordell, 2,200—Washita							
Cheyenne and Arapaho Hosp.	Gen	I A	42	12	20	20	600
Cordell, 2,200—Washita							
Fleming Hospital	Gen	Indiv	20	2	10	4	210
Cushing, 6,521—Payne							
Mercer Hospital	Gen	Frat	20	4	25	12	407
Duncan, 6,282—Stephens							
Weeks Hospital	Gen	Indiv	25	4	24	20	600
Durant, 7,422—Bryan							
Coley Hospital	Gen	Indiv	7	1	2	2	112
Durant Hospital	Gen	Corp	25	2	22	..	600

OKLAHOMA—Continued

Hospitals and Sanatoriums	Type Control	Location	Bassinets for Newborn	Number of Beds	Average Daily Census	Patients Admitted	Patient Days
Elk City, 5,625—Beckham							
Standifer Hospital	Gen	Indiv	20	3	15	10	440
Vidal Hospital	Gen	Indiv	25	5	22	14	638
El Reno, 9,184—Canadian							
Cattle Hospital	Gen	Indiv	27	4	12	7	244
El Reno Sanitarium	Gen	Corp	21	4	22	15	382
Enid, 22,559—Garfield							
Baptist Hospital	Gen	Church	20	12	67	17	671
Enid General Hospital	Gen	NPAssn	75	10	22	42	1,257
Enid Springs Sanit. and Hosp.	Gen	Indiv	40	4	27	12	714
Erick, 1,551—Beckham							
Erick Hospital	Gen	NPAssn	20	4	20	4	180
Ft. Sill, 5,670—Comanche							
Station Hospital	Gen	Army	220	..	..	120	4,320
Frederick, 4,326—Tillman							
Frederick Clinic Hospital	Gen	Part	12	2	22	5	1,023
Gangrene, Arthritis and Allied Hospital and Clinic	Gen	Corp	10	2	20	2	132
Grandfield, 1,432—Tillman							
Grandfield Hospital	Gen	Indiv	10	2	20	2	300
Guthrie, 9,282—Logan							
Cimarron Valley Wesley Hosp.	Gen	NPAssn	27	7	60	14	600
Duke Sanitarium	N&M	Corp	25	..	..	9	97
Henryetta, 7,604—Okmulgee							
Henryetta Hospital	Gen	Indiv	15	2	10	8	300
Keystone Hospital	Gen	Indiv	14	2	11	3	160
Hobart, 4,602—Kiowa							
General Hospital	Gen	Part	22	4	70	10	600
Holdenville, 7,505—Hughes							
Holdenville General Hospital	Gen	Indiv	20	3	10	6	300
Hollis, 2,914—Harmon							
Hollis Hospital	Gen	Indiv	15	4	20	9	627
Hominy, 2,465—Osage							
Hominy City Hospital	Gen	Part	16	..	25	4	220
Lawton, 12,121—Comanche							
Kiowa Indian Hospital	Gen	I A	101	12	140	66	2,611
Southwestern Hospital	Gen	Part	30	4	16	7	625
Mangum, 4,662—Greer							
General Hospital	Gen	Part	22	4	70	10	600
Marlow, 5,294—Stephens							
Weeks Hospital	Gen	Indiv	25	4	4	..	114
Maud, 4,522—Seminole							
Maud Hospital	Gen	Indiv	10	3	15	4	165
McAlester, 17,204—Pittsburg							
Albert Pike Hospital	Gen	Frat	25	6	22	14	724
St. Mary's Infirmary	Gen	Church	20	5	20	10	664
Miami, 8,044—Ottawa							
Miami Baptist Hospital	Gen	Church	40	10	20	9	600
Muskogee, 32,029—Muskogee							
Muskogee Provident Hosp. (col.)	Gen	City	24	2	24	7	140
Oklahoma Baptist Hospital	Gen	Church	85	11	210	85	1,275
Veterans Admin. Facility	Gen	Vet	647	..	..	260	3,264
Norman, 5,675—Cleveland							
Central Oklahoma State Hosp.	Ment	State	2,500	..	..	..	1,571
Oklahoma City, 185,389—Oklahoma							
Farm Sanatorium	TB	Indiv	60	..	..	14	92
Great Western Hosp. (col.)	Gen	Corp	21	3	4	12	101
Oklahoma City General Hospital	Gen	Corp	160	12	201	81	3,220
Polyclinic Hospital	Gen	Indiv	72	4	101	40	1,302
Reconstruction Hospital and McBride Clinic	Orth	Part	25	..	..	9	225
St. Anthony Hospital	Gen	Church	280	40	402	157	4,200
Sanatorium	Gen	Corp	80	7	80	21	627
State University Hospital and Crippled Children's Hosp.	Gen	State	280	22	400	420	6,268
Wesley Hospital	Gen	Part	120	25	425	62	3,200
Okmulgee, 17,607—Okmulgee							
Okmulgee City Colored Hosp.	Gen	City	20	1	6	5	132
Okmulgee City Hospital	Gen	City	75	6	210	22	970
Poteau Valley, 4,256—Garvin							
Lindsey-Johnson Hospital	Gen	Part	12	1	22	1	110
Pawhuska, 6,561—Osage							
Pawhuska Municipal Hospital	Gen	City	25	4	21	9	602
Pawnee, 2,269—Pawnee							
Pawnee-Pawnee Hospital	Gen	I A	47	12	20	25	1,800
Perkins, 1,773—Ottawa							
American Hospital	Gen	Indiv	40	2	8	7	120
Fisher Hospital	Gen	Part	20	2	No data supplied		
Ponca City, 24,112—Kay							
Grand Avenue General Hosp.	Gen	Indiv	18	4	No data supplied		
Ponca City Hospital	Gen	Church	30	12	170	24	1,855
Prague, 1,500—Lincoln							
Bahlke Hospital	Gen	Indiv	10	..	11	4	294
Seminole, 11,468—Seminole							
Harber Hospital	Gen	Corp	22	2	121	10	1,082
Shattuck, 1,662—Ellis							
Shattuck Hospital	Gen	Indiv	20	6	285	15	630
Shawnee, 29,568—Pottawatomie							
A. C. H. Hospital	Gen	Part	20	5	100	10	625
Shawnee Indian Sanatorium	TB	I A	120	..	..	122	201
Shawnee Municipal Hospital	Gen	City	20	2	27	20	911
Sulphur, 4,242—Murray							
Soldiers Tuberculer Sanatorium	TB	State	100	..	..	94	24
Sulphur Sanitarium	Gen	Part	12	2	No data supplied		
Supply, 220—Woodward							
Western Oklahoma Hospital	Ment	State	1,275	..	..	1,225	360
Talihina, 1,020—Le Flore							
Choctaw-Chickasaw Sanat.	TB	I A	75	..	..	64	28
Eastern Oklahoma State Tuberculosis Sanatorium	TB	State	200	..	..	220	365
Thomas, 1,522—Custer							
Thomas Hospital	Gen	Indiv	20	4	..	..	...
Tonkawa, 3,211—Kay							
Tonkawa Hospital	Gen	Indiv	20	4	10	10	120

Key to symbols and abbreviations is on page 1201

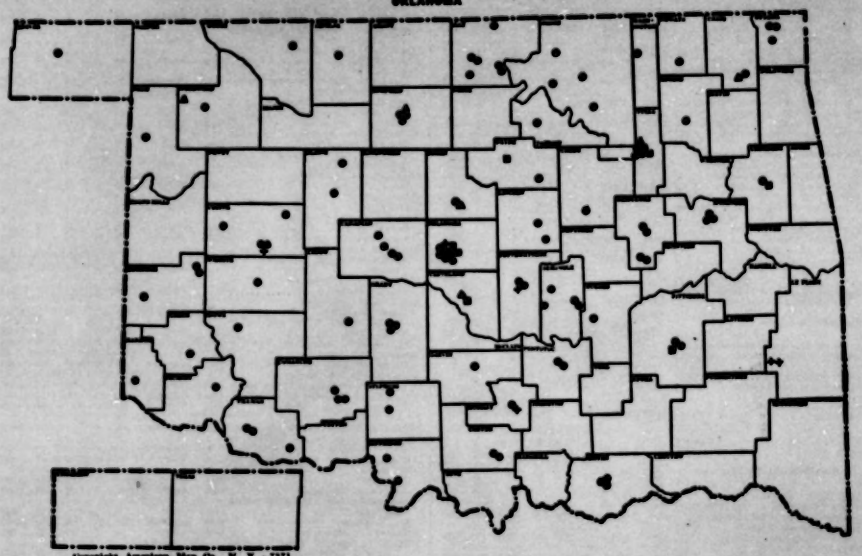
OKLAHOMA—Continued

Hospitals and Sanatoriums	Type of Service	Control	Beds, Bassinets	Number of Nurses	Number of Interns	Admissions	Patients
Tulsa, 141,258—Tulsa							
Flower Hospital	Gen	Corp	50	11	224	10	884
Morningside Hospital	Gen	Corp	35	21	225	180	1,171
Municipal Hosp. No. 2 (col.)	Gen	City	45	4	No data supplied		
Oakwood Sanitarium	N&M	Corp	50	..	..	12	240
St. John's Hospital[•◊]	Gen	Church	150	55	451	1185	5,272
Shaer Hospital	Orth	Indiv	25	..	..	15	62
Vinita, 4,202—Craig							
Eastern Oklahoma Hospital	Ment	State	2,265	..	..	2,195	270
Vinita Hospital	Gen	Part	14	3	15	7	185
Waurika, 2,267—Jefferson							
Waurika Hospital	Gen	Indiv	24	2	7	10	224

OKLAHOMA—Continued

Related Institutions	Type of Service	Control	Beds, Bassinets	Number of Nurses	Number of Interns	Admissions	Patients
Shidler, 1,177—Osage							
Emergency Hospital of Phillips Petroleum Company	Gen	NPAssn	10	..	2	2	28
Stillwater, 7,616—Payne							
Agriculture and Mechanical College Infirmary	Inst	State	20	..	..	2	100
Tahlequah, 2,625—Cherokee							
Sequoyah Training School Hosp.	Inst	I A	12	..	..	..	....
Tahlequah Hospital	Gen	Indiv	10	2	11	9	165
Watonga, 2,229—Blaine							
Watonga Hospital	Gen	Indiv	10	1	2	2	20

OKLAHOMA



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Total hospitals in Oklahoma, 118; general, 99; general beds occupied, 52.5 per cent; population per general bed 504.

• General Hospital ◊ Tuberculosis
▲ Nervous and Mental ■ Other Special Hospital

Wewoka, 10,491—Seminole							
Knight Hospital	Gen	Corp	32	4	61	8	332
Wewoka Hospital	Gen	Indiv	15	4	10	6	225
Woodward, 5,856—Woodward							
Woodward General Hospital	Gen	NPAssn	20	4	10	6	162
Related Institutions							
Bristow, 6,619—Creek							
Bristow General Hospital	Gen	Corp	10	3	..	2	....
Chilocco, 298—Kay							
Chilocco Indian School Hosp.	Gen	I A	47	..	..	8	440
Davenport, 1,073—Lincoln							
Nickell Hospital	Gen	Part	10	..	..	..	....
Durant, 7,403—Bryan							
Bryan County Hospital	Gen	Indiv	10	..	4	2	80
Enid, 22,258—Garfield							
Oklahoma Institution for the Feebleminded	MeDe	State	1,000	..	..	760	50
Fairfax, 2,134—Osage							
Fairfax Hospital	Gen	Corp	12	2	10	4	210
Ft. Reno (El Reno P.O.)—Canadian							
Station Hospital	Gen	Army	12	..	..	1	20
McAlester, 11,204—Pittsburg							
Oklahoma State Prison Hosp.	Inst	State	20	..	..	20	600
Norman, 6,626—Cleveland							
Kilgore Hall	Inst	State	60	..	..	10	972
Nowata, 3,521—Nowata							
Nowata Hospital	Gen	Indiv	14	2	No data supplied		
Okmulgee, 12,144—Okmulgee							
Okmulgee General Hospital	Gen	Indiv	10	2	4	2	28
Oklahoma City, 185,389—Oklahoma							
House of Redeeming Love	Mat	Church	22	20	180	12	440
Ryan, 1,589—Jefferson							
Ryan Hospital	Gen	Indiv	10	2	No data supplied		

Summary for Oklahoma:	Number	Beds	Average Patients	Patients Admitted
Hospitals and sanatoriums	100	11,597	6,720	86,429
Related institutions	18	1,547	429	4,582
Totals	118	13,134	7,159	87,011
Refused registration	10	422		

OREGON

Hospitals and Sanatoriums	Type of Service	Control	Beds, Bassinets	Number of Nurses	Number of Interns	Admissions	Patients
Albany, 5,325—Linn							
Albany General Hospital	Gen	NPAssn	30	6	73	11	4,919
Ashland, 4,564—Jackson							
Community Hospital	Gen	City	15	2	20	8	420
Astoria, 10,349—Clatsop							
Columbia Hospital	Gen	Church	51	12	151	24	1,720
St. Mary Hospital[•]	Gen	Church	125	15	26	35	1,267
Baker, 7,626—Baker							
Protestant Hospital	Gen	Church	25	4	45	12	320
St. Elizabeth Hospital[•◊]	Gen	Church	75	15	95	30	1,600
Bend, 4,542—Deschutes							
St. Charles Hospital	Gen	Church	24	6	77	15	645
Burns, 2,320—Harney							
Valley View Hospital	Gen	Indiv	21	3	20	6	320
Corvallis, 7,363—Benton							
Corvallis General Hospital	Gen	NPAssn	37	6	110	14	600
Dallas, 2,975—Polk							
Dallas Hospital	Gen	NPAssn	22	6	21	12	270

Key to symbols and abbreviations is on page 1034

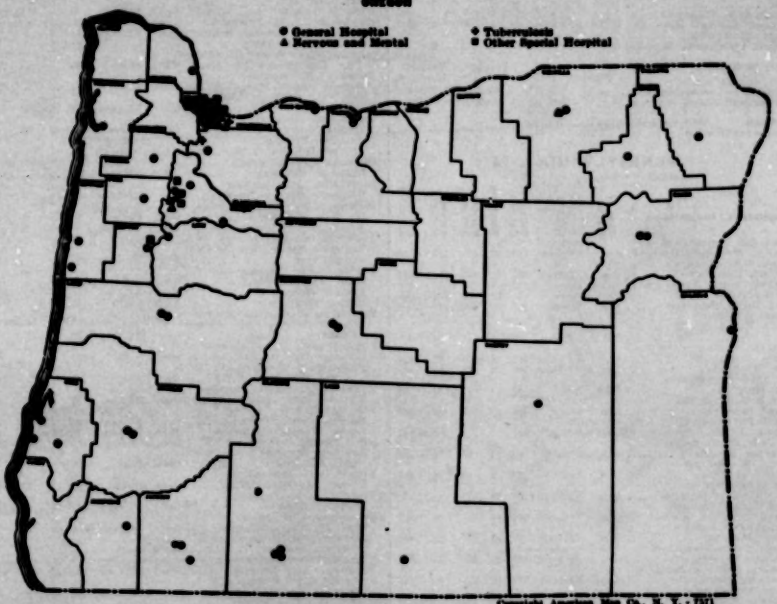
OREGON—Continued

Hospitals and Sanatoriums	Type of	Control	Beds Bassinets	Beds Cribs	Beds Total	Bassinets	Admissions	Patients Dismissed
Enterprise, 1,573—Wallowa								
Enterprise Hospital	Gen	Corp	15	6	7	5	191	
Eugene, 16,092—Lane								
Eugene Hospital and Clinic	Gen	Corp	50	3	51	10	1,205	
Pacific Hospital	Gen	NPAssn	75	15	No data supplied			
Grants Pass, 4,620—Josephine								
Josephine County Hospital	Gen	County	20	6	75	15	139	
Hood River, 5,797—Hood River								
Hood River Hospital	Gen	NPAssn	20	5	47	14	369	
Klamath Agency, 102—Klamath								
Klamath Indian Hospital	Gen	IA	25	5	30	6	294	
Klamath Falls, 10,482—Klamath								
Hillside Hospital	Gen	Corp	20	11	30	16	1,205	
Klamath Valley Hospital	Gen	Indiv	40	14	120	21	1,200	
McMinnville, 2,917—Yamhill								
McMinnville Hospital	Gen	NPAssn	20	6	No data supplied			
Medford, 11,697—Jackson								
Community Hospital	Gen	NPAssn	30	6	32	12	895	
Sacred Heart Hospital	Gen	Church	60	5	59	30	1,600	

OREGON—Continued

Hospitals and Sanatoriums	Type of	Control	Beds Bassinets	Beds Cribs	Beds Total	Bassinets	Admissions	Patients Dismissed
Portland Convalescent Hosp.	Conv	Indiv	10	..	..	10	113	
Portland Eye, Ear, Nose and Throat Hospital	EENT	Indiv	21	..	..	4	1,764	
Portland Medical Hospital	Gen	Corp	125	..	..	75	3,000	
Portland Sanit. and Hosp.[6]	Gen	Church	112	14	67	75	3,000	
Dr. Robert C. Coffey Clinic and Hospital	Gen	Corp	110	5	15	30	1,500	
St. Vincent's Hospital[6]	Gen	Church	225	25	215	200	6,000	
Shriners Hospital for Crippled Children[6]	Orth	Frat	50	..	..	50	1,500	
Veterans Administration Facility	Gen	Vet	50	..	..	50	1,500	
Waverleigh Sanatorium	M&N	Part	12	..	..	6	60	
Roseburg, 5,566—Douglas								
Mercy Hospital	Gen	Church	30	6	120	12	821	
Veterans Administration Facility	Gen	Vet	100	..	..	60	1,200	
St. Helens, 1,504—Columbia								
St. Helens General Hospital	Gen	Indiv	10	6	11	7	357	
Salem, 26,268—Marion								
Oregon State Hospital	Ment	State	2,200	..	..	2,200	715	

OREGON



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Total hospitals in Oregon, 75; general, 51; general bedsoccupied, 59.1 per cent; population per general bed, 266.

Sherwood, 1,327—Clackamas								
Portland Open Air Sanatorium	TB	NPAssn	65	..	..	21	101	
Myrtle Point, 1,202—Coos								
East and Wilson Hospital	Gen	Indiv	15	6	16	7	302	
North Bend, 4,613—Coos								
Labor Brothers Hospital	Gen	NPAssn	67	10	110	20	1,420	
Mercy Hospital	Gen	Church	30	4	45	22	422	
Ontario, 1,941—Malheur								
Holy Rosary Hospital	Gen	Church	25	6	20	12	604	
Oregon City, 3,901—Clackamas								
Oregon City Hospital	Gen	Corp	32	6	114	25	800	
Pendleton, 5,621—Umatilla								
Eastern Oregon State Hospital	Ment	State	1,320	..	..	1,320	320	
St. Anthony's Hospital[6]	Gen	Church	60	12	102	61	994	
Portland, 301,815—Multnomah								
Doernbecher Memorial Hospital for Children[6]	Chil	State	75	..	..	67	1,202	
Emanuel Hospital[6]	Gen	Church	225	50	225	147	5,715	
Good Samaritan Hospital[6]	Gen	Church	200	50	225	145	4,620	
Juvenile Hospital for Girls	Juv	NPAssn	40	10	50	32	130	
Multnomah Hospital	Ment	Corp	250	..	..	250	32	
Mountain View Sanitarium	M&N	Indiv	20	..	No data supplied			
Multnomah Hospital[6,9]	Gen	County	300	50	350	311	4,641	
Oregon State Tuberculosis Hospital	TB	State	270	..	..	252	120	
Salem General Hospital	Gen	NPAssn	65	9	155	50	1,102	
Silverton, 1,402—Marion								
Silverton Hospital	Gen	NPAssn	15	6	72	5	305	
The Dalles, 4,855—Wasco								
Eastern Oregon State Tuberculosis Hospital	TB	State	120	..	..	120	102	
Mid-Columbia Hospital	Gen	Indiv	21	6	30	12	502	
The Dalles Hospital[6]	Gen	Corp	75	10	102	30	1,701	
Tillamook, 2,150—Tillamook								
Charlton Hospital	Gen	Indiv	25	5	20	10	201	
Toledo, 2,112—Lincoln								
Lincoln Hospital	Gen	Corp	21	3	25	10	200	
Troutdale, 227—Multnomah								
Multnomah County Tuberculosis Pavilion	TB	County	30	..	..	..	45	
Related Institutions								
Baudon, 1,156—Coos								
Lorp Memorial Hospital	Gen	Indiv	10	2	6	2	60	
Bend, 5,522—Deschutes								
Lemmerman's Hospital	Indus	NPAssn	20	..	..	4	185	

Key to symbols and abbreviations is on page 1031

OREGON—Continued

Hospitals and Institutions	Type of Service	Control	Bassinets	Number of Beds	Number of Bassinets	Patients Admitted	Patients Discharged
Chemawa, 621—Marion							
Salem Indian School Hospital	Inst	I A		42	1	1	9	453
Corvallis, 7,585—Benton							
Oregon State Agricultural College Hospital	Inst	State		10	..	..	6	347
Klamath Falls, 10,020—Klamath								
Soule Sanitarium	Gen	Indiv		6	1	23	1	65
Lakeview, 1,758—Lake								
Lakeview Public Hospital	Gen	Part		12	2	..	..	....
Mill City, 1,574—Marion								
Mill City Hospital	Gen	Indiv		6	2	4	4	32
Portland, 301,815—Multnomah								
E. Henry Wemme White Shield	Mat	NPAssn		25	12	60	10	65
Isolation Hospital	Iso	City		70	6	..	20	441
Salvation Army White Shield Home	Mat	Church		70	5	95	25	65
Woman's Convalescent Home	Conv	NPAssn		15	..	..	9	357
Salem, 26,620—Marion								
Oregon Fulview Home	MeDv	State		915	..	..	600	120
Oregon State Penitentiary Hosp.	Inst	State		32	..	..	15	370
Oregon State School for the Deaf	Inst	State		10	..	..	5	220
Tillamook, 3,544—Tillamook								
Tillamook General Hospital	Gen	Indiv		12	4	20	5	220
Waldport, 527—Lincoln								
Waldport Community Hospital	Gen	Indiv		12	4	3	2	36

Summary for Oregon:

	Number	Beds	Average Patients	Patients Admitted
Hospitals and sanatoriums	59	8,415	6,559	67,324
Related institutions	16	1,301	1,088	3,393
Totals	75	9,716	7,647	70,717
Refused registration	12	427		

PENNSYLVANIA

Hospitals and Sanatoriums	Type of Service	Control	Bassinets	Number of Beds	Number of Bassinets	Patients Admitted	Patients Discharged
Abington, 621—Montgomery							
Abington Memorial Hosp.[oo]	Gen	NPAssn		242	32	539	157	4,449
Allentown, 62,063—Lehigh								
Allentown Hospital[oo]	Gen	NPAssn		200	25	446	200	6,025
Allentown State Hospital[oo]	Ment	State		1,550	..	..	1,552	600
Bear Hospital	Gen	Indiv		25	10	62	4	228
Sacred Heart Hospital[oo]	Gen	Church		250	30	621	125	2,904
Allenwood, 500—Union								
Devitt's Camp for Tuberculosis	TB	NPAssn		110	..	..	74	201
Altoona, 60,331—Blair								
Altoona Hospital[oo]	Gen	NPAssn		302	18	805	82	2,471
Mercy Hospital[oo]	Gen	NPAssn		160	15	512	30	1,705
Ambler, 2,541—Montgomery								
Dufur Hospital	N&M	Indiv		20	..	..	20	66
Ashland, 7,161—Schuylkill								
Ashland State Hospital[oo]	Gen	State		220	15	307	134	4,321
Aspinwall (Pittsburgh P.O.), 4,326—Allegheny								
Veterans Admin. Facility	G&TB	Vet		201	..	..	233	1,347
Beaver Falls, 17,147—Beaver								
Providence Hospital[o]	Gen	Church		55	10	86	32	729
Bedford, 5,098—Bedford								
Bedford County Hospital	Gen	Indiv		15	2	16	9	206
Bellefonte, 4,404—Center								
Center County Hospital[oo]	Gen	NPAssn		64	10	165	64	1,272
Belsano, 10,502—Allegheny								
Nebraska General Hospital	Gen	NPAssn		104	14	215	48	1,697
Berwick, 12,629—Columbia								
Berwick Hospital	Gen	NPAssn		80	10	125	23	840
Bethlehem, 57,892—Northampton								
St. Luke's Hospital[oo]	Gen	NPAssn		180	30	278	135	4,000
Bloomsburg, 8,025—Columbia								
Bloomsburg Hospital	Gen	NPAssn		112	13	170	32	1,791
Blossburg, 1,504—Tioga								
Blossburg State Hospital	Gen	State		60	10	110	62	1,108
Braddock, 19,258—Allegheny								
Braddock General Hospital[oo]	Gen	NPAssn		120	16	665	65	1,848
Bradford, 19,306—McKean								
Bradford Hospital	Gen	NPAssn		104	23	321	31	1,573
Brockville, 4,267—Jefferson								
Brockville Hospital	Gen	NPAssn		20	4	52	23	667
Brownsville, 2,426—Fayette								
Brownsville General Hospital[o]	Gen	NPAssn		60	10	64	42	1,020
Bryn Mawr, 5,546—Montgomery								
Bryn Mawr Hospital[oo]	Gen	NPAssn		220	24	492	123	3,502
Butler, 23,533—Butler								
Butler County Memorial Hosp.[o]	Gen	NPAssn		92	10	110	205	1,544
Canonsburg, 11,539—Washington								
Canonsburg General Hosp.[o]	Gen	NPAssn		35	10	140	23	848
Carbondale, 18,663—Lackawanna								
Carbondale General Hospital	Gen	NPAssn		85	9	142	34	1,408
St. Joseph's Hospital[o]	Gen	Church		100	12	130	67	1,482
Carlisle, 12,258—Cumberland								
Carlisle Hospital	Gen	NPAssn		92	10	272	69	1,320
Station Hospital	Gen	Army		30	7	21	15	257
Chambersburg, 12,738—Franklin								
Chambersburg Hospital[o]	Gen	NPAssn		85	15	130	30	1,451
Chester, 58,164—Delaware								
Chester Hospital[oo]	Gen	NPAssn		250	35	645	121	3,497
J. Lewis Crozer Home for Incurables and Homeopathic Hospital	Gen	NPAssn		85	10	160	24	723
Mercy Hospital	Gen	Indiv		20	4	Nodata	supplied	

PENNSYLVANIA—Continued

Hospitals and Sanatoriums	Type of Service	Control	Bassinets	Number of Beds	Number of Bassinets	Patients Admitted	Patients Discharged
Clarks Summit, 1,604—Lackawanna							
Hillside Home and Hospital for Mental Diseases	Ment	City		1,500	..	..	1,605	660
Clearfield, 9,221—Clearfield								
Clearfield Hospital[o]	Gen	NPAssn		110	10	302	70	2,102
Clifton Heights, 1,657—Delaware								
Burn Brae Hospital	N&M	Indiv		20	..	..	42	62
Coaldale, 6,621—Schuylkill								
Coaldale State Hospital	Gen	State		120	15	295	88	1,691
Coatesville, 14,508—Chester								
Coatesville Hospital[o]	Gen	NPAssn		97	14	120	31	1,628
Veterans Admin. Facility	Ment	Vet		1,150	..	..	1,267	624
Columbia, 11,305—Lancaster								
Columbia Hospital	Gen	NPAssn		65	10	92	15	670
Culver, 2,628—Cambria								
Culver Hospital	Gen	NPAssn		10	4	20	4	167
Cuylerville, 1,000—Somerset								
Frantz Hospital	Gen	Indiv		15	2	21	3	120
Connellsville, 12,520—Fayette								
Connellsville State Hospital	Gen	State		90	15	202	64	1,670
Curry, 7,126—Erie								
Curry Hospital	Gen	NPAssn		40	8	127	15	594
Coudersport, 2,710—Potter								
Coudersport General Hospital	Gen	NPAssn		14	5	27	14	477
Cresson, 2,217—Cambria								
Pennsylvania State Sanatorium for Tuberculosis No. 5	TB	State		500	..	..	332	600
Danville, 7,125—Montour								
Danville State Hospital[oo]	Ment	State		1,047	..	..	1,020	600
Geo. F. Geisinger Memorial Hospital[oo]	Gen	NPAssn		100	15	220	110	3,002
Darby, 9,628—Delaware								
Fitzgerald-Mercy Hospital	Gen	Church		200	40	322	64	1,200
Devon, 500—Chester								
Ahlburd Hospital	N&M	Indiv		25	..	..	10	23
Dixmont, 1,525—Allegheny								
Dixmont Hospital	N&M	NPAssn		1,020	..	..	1,174	102
Drexel Hill, 1,119—Delaware								
Delaware County Hospital	Gen	NPAssn		50	14	127	37	1,200
Du Bois, 11,326—Clearfield								
Du Bois Hospital	Gen	Church		50	7	68	24	521
Maple Avenue Hospital	Gen	NPAssn		70	7	60	30	1,130
Eagleville, 184—Montgomery								
Eagleville Sanatorium for Consumptives[oo]	TB	NPAssn		180	..	..	170	180
Easton, 24,622—Northampton								
Berts' Private Hospital	Gen	Indiv		40	10	..	10	....
Easton Hospital[oo]	Gen	NPAssn		250	30	550	127	4,225
Easton Sanitarium	N&M	Indiv		20	..	..	12	62
East Stroudsburg, 6,600—Monroe								
General Hospital of Monroe County	Gen	NPAssn		50	9	111	25	600
Elizabethtown, 4,500—Lancaster								
Hospital for Crippled Children	Orth	State		125	..	..	100	160
Philadelphia Freemasons' Memorial Hospital	Gen	Frat		105	..	..	130	630
Elwood City, 12,525—Lawrence								
Elwood City Hospital	Gen	NPAssn		35	8	70	20	770
Erie, 115,967—Erie								
Hamot Hospital[oo]	Gen	NPAssn		250	31	645	121	4,321
Lovell Home Sanatorium	Gen	NPAssn		150	20	30	10	22
St. Vincent's Hospital[oo]	Gen	Church		227	15	670	120	3,600
Ben Rau Hospital for Crippled Children	Orth	Frat		30	..	..	25	61
Everett, 1,676—Bedford								
Everett Hospital	Gen	Indiv		17	3	23	14	224
Franklin, 10,254—Venango								
Franklin Hospital	Gen	NPAssn		67	10	94	18	659
Gettysburg, 4,347—Adams								
Annie M. Warner Hospital	Gen	NPAssn		34	6	70	21	300
Gladwyne, 1,295—Montgomery								
Gladwyne Colony	N&M	Indiv		75	..	..	72	92
Greensburg, 14,108—Westmoreland								
Westmoreland Hospital[o]	Gen	NPAssn		160	12	391	101	3,915
Greenville, 6,628—Mercer								
Greenville Hospital	Gen	NPAssn		31	12	60	11	467
Grove City, 6,126—Mercer								
Grove City Hospital	Gen	NPAssn		20	6	20	7	294
Hamburg, 3,627—Berks								
Hamburg State Sanatorium for Tuberculosis	TB	State		500	..	..	344	497
Hanover, 11,506—York								
Hanover General Hospital	Gen	NPAssn		55	10	122	27	621
Harrisburg, 80,339—Dauphin								
Harrisburg Hospital[oo]	Gen	NPAssn		214	22	497	122	4,422
Harrisburg Polyclinic Hosp.[oo]	Gen	NPAssn		120	25	450	70	2,000
Harrisburg State Hospital	Ment	State		1,250	..	..	1,701	624
Keystone Hospital	Gen	Indiv		27	6	86	14	612
Hazleton, 36,295—Luzerne								
Corrigan Maternity Hospital	Mat	Part		12	12	200	12	200
Hazleton State Hospital[oo]	Gen	State		141	14	321	134	4,205
Hollidaysburg, 4,995—Blair								
Blair County Hospital for Mental Diseases	Ment	County		200	..	..	200	125
Homestead, 20,141—Allegheny								
Homestead Hospital[o]	Gen	NPAssn		90	20	104	55	1,620
Honesdale, 4,008—Wayne								
Wayne County Memorial Hosp.	Gen	NPAssn		35	7	71	14	623
Huntingdon, 7,556—Huntingdon								
J. C. Blair Memorial Hosp.[o]	Gen	NPAssn		70	13	227	21	1,544
Indiana, 6,588—Indiana								
Indiana Hospital	Gen	NPAssn		130	11	90	101	2,550
Jersey Shore, 4,781—Lycoming								
Jersey Shore Hospital	Gen	NPAssn		20	5	22	10	205
Kenford Hospital	Gen	Indiv		20	6	12	11	250

Key to symbols and abbreviations is on page 1091

PENNSYLVANIA—Continued

Hospitals and Sanatoriums	Type of Control	Council	Bassinets for Newborn	Beds and Cribs	Total Bassinets	Admissions	Patients Days
Johnstown, 68,892—Cambria							
Conemaugh Valley Memorial Hospital[1]	Gen	HPAssn	200	20	472	180	3,120
Lee Sanatorium ... Hospital	Gen	HPAssn	15	10	No data supplied		
Mendenhall Maternity Hospital	Mat	Indiv	10	12	140	97	300
Mercy Hospital[2]	Gen	Church	90	14	258	62	1,800
Kane, 4,228—McKean							
Kane Summit Hospital	Gen	HPAssn	25	6	No data supplied		
Kingston, 21,600—Luzerne							
Nesbitt Memorial Hospital	Gen	HPAssn	110	12	261	70	2,220
Kittanning, 7,426—Armstrong							
Kittanning General Hospital	Gen	HPAssn	25	5	34	19	750
Lancaster, 59,349—Lancaster							
Lancaster General Hospital[3]	Gen	HPAssn	247	30	572	120	4,950
Lancaster General ... TB		CyCo	57	..	..	23	20
St. Joseph's Hospital[4]	Gen	Church	150	15	345	82	2,700
Latrobe, 10,454—Westmoreland							
Latrobe Hospital[5]	Gen	HPAssn	65	10	200	34	1,500
Lebanon, 25,691—Lebanon							
Good Samaritan Hospital[6]	Gen	HPAssn	100	17	294	63	1,825
Lebanon Sanatorium	Gen	Corp	25	6	No data supplied		
Lewisburg, 3,820—Union							
U. S. Public Health Service Hospital	Gen	USPHS	100	..	..	45	1,650
West Branch Community Hosp.	Gen	Church	20	5	20	9	225

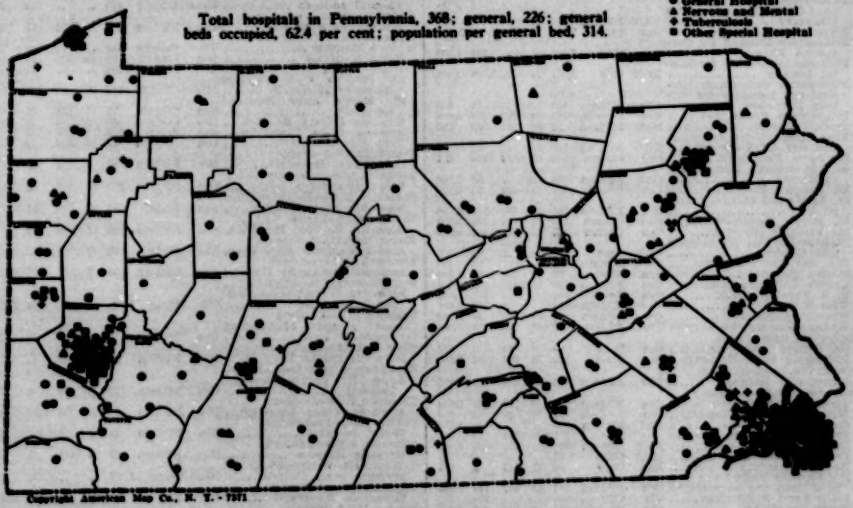
PENNSYLVANIA—Continued

Hospitals and Sanatoriums	Type of Control	Council	Bassinets for Newborn	Beds and Cribs	Total Bassinets	Admissions	Patients Days
Monessen, 19,232—Westmoreland							
Memorial Hospital	ENT	Indiv	12	..	..	2	272
Monongahela, 9,075—Washington							
Memorial Hospital	Gen	HPAssn	60	6	82	39	684
Mt. Pleasant, 4,585—Westmoreland							
Henry Clay Frick Memorial Hospital[7]	Gen	HPAssn	60	10	127	39	1,170
Muncy, 2,413—Lycoming							
Muncy Valley Private Hospital	Gen	Corp	10	7	21	7	225
Nanticoke, 23,652—Luzerne							
Nanticoke State Hospital[8]	Gen	State	120	10	230	91	2,517
New Brighton, 8,526—Beaver							
Beaver Valley General Hosp.[9]	Gen	HPAssn	70	10	102	32	1,053
New Castle, 48,674—Lawrence							
Jameson Memorial Hospital[10]	Gen	HPAssn	122	22	222	63	1,422
New Castle Hospital[11]	Gen	Church	105	20	248	62	1,862
New Kensington, 16,782—Westmoreland							
Citizens General Hospital[12]	Gen	HPAssn	60	12	180	67	1,825
Norristown, 31,922—Montgomery							
Montgomery Hospital[13]	Gen	HPAssn	90	20	244	72	1,825
Norristown State Hospital[14]	Ment	State	3,400	..	..	2,400	730
Riverview Hospital	Gen	HPAssn	40	10	151	17	600
Northampton, 9,620—Northampton							
Half Hospital	Gen	Indiv	25	5	10	15	277

PENNSYLVANIA

Total hospitals in Pennsylvania, 368; general, 226; general beds occupied, 62.4 per cent; population per general bed, 314.

● General Hospital
▲ Nervous and Mental
◆ Tuberculosis
■ Other Special Hospital



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Lewistown, 13,327—Mifflin							
Lewistown Hospital[1]	Gen	HPAssn	84	7	75	60	1,650
Lock Haven, 9,026—Clinton							
Lock Haven Hospital[2]	Gen	HPAssn	70	10	176	57	1,650
Tyah Private Hospital	Gen	Indiv	25	5	32	6	167
Lock No. 4, 616—Washington							
Chartiers-Nesbeson Hospital	Gen	Corp	45	10	95	60	1,804
Logrove, C—Allegheny							
Pittsburgh City Home and Hospitals[3]	G-N&M	City	326	11	29	1,702	8,359
McKeesport, 54,632—Allegheny							
McKeesport Hospital[4]	Gen	HPAssn	253	40	605	163	3,450
McKees Rocks, 10,110—Allegheny							
Ohio Valley General Hospital[5]	Gen	HPAssn	85	17	221	32	1,205
Meadville, 16,686—Crawford							
Meadville City Hospital[6]	Gen	HPAssn	75	16	162	44	1,617
Spencer Hospital[7]	Gen	HPAssn	115	10	215	65	1,205
Media, 4,572—Delaware							
Brookwood Farm	N&M	Indiv	20	..	..	6	..
Media Hospital	Gen	Indiv	25	4	45	9	111
Mercer, 2,126—Mercer							
Mercer Cottage Hospital	Gen	Corp	40	6	20	20	1,600
Mercer Sanatorium	N&M	Corp	45	..	..	25	180
Meyersdale, 8,085—Somerset							
Janet McGlivery Hospital	Gen	Indiv	10	4	25	4	122
Meyersdale Memorial Hospital	Gen	Indiv	15	5	6	5	161
Mexico, 4,663—Juniata							
Beaver County Sanatorium	TB	County	60	..	..	60	122

Oil City, 21,672—Venango							
Graham View Sanatorium	TB	HPAssn	25	..	..	25	20
Oil City General Hospital[8]	Gen	HPAssn	120	15	241	67	1,442
Palmerton, 7,473—Carbon							
Palmerton Hospital	Gen	HPAssn	30	7	105	27	1,485
Parkvale, 2,815—Lackawanna							
Mid-Valley Hospital	Gen	HPAssn	62	8	172	31	1,758
Philadelphia, 1,948,609—Philadelphia							
American Hospital for Diseases of the Stomach	Gen	HPAssn	25	5	30	17	604
American Oncologic Hospital	Ca-Co	HPAssn	25	..	..	11	229
Anderson Hospital	Gen	Corp	72	15	211	17	1,165
Baker Hospital	Chil	HPAssn	15	..	..	9	365
Broad Street Hospital	Gen	HPAssn	60	20	211	28	1,164
Chestnut Hill Hospital	Gen	HPAssn	60	15	224	13	1,202
Children's Heart Hospital	Card	HPAssn	10	..	..	28	365
Children's Hospital[9]	Chil	HPAssn	150	..	..	86	2,312
Children's Hospital of the Henry J. Dennett Memorial	Chil	Church	25	..	..	23	365
Fairmount Farm	N&M	Corp	40	..	..	15	267
Frankford Hospital[10]	Gen	HPAssn	150	25	302	97	3,079
Frederick Douglass Memorial Hospital (Col.)	Gen	HPAssn	21	9	40	23	608
Friends Hospital[11]	N&M	HPAssn	200	..	..	120	65
Germantown Dispensary and Hospital[12]	Gen	HPAssn	210	30	1,200	220	6,170
Graduate Hospital of the University of Pennsylvania[13]	Gen	HPAssn	675	..	14	220	7,104

Key to symbols and abbreviations is on page 1004

PENNSYLVANIA—Continued

Hospitals and Sanatoriums	Type of Service	Class	Approved by Council	Number of Beds	Number of Bassinets	Number of Patients Admitted
Hahnemann Hospital[d,o]	Gen	NPAssn	315	77	1,707	433 10,811
Home for Consumptive	TB	Church	105	..	..	92 84
Hospital of the Protestant Episcopal Church[o]	Gen	Church	465	60	625	391 5,709
Hospital of the University of Pennsylvania[d,o]	Gen	State	502	32	642	224 8,200
Hospital of the Women's Medical College of Pennsylvania[d,o]	Gen	NPAssn	145	27	295	72 2,284
Institute of the Pennsylvania Hospital	N&M	NPAssn	69	..	..	65 182
James Hospital[o]	Gn	NPAssn	65	..	..	54 315
Jefferson Medical College Hospital[d,o]	Gen	NPAssn	621	37	1,600	288 11,128
Jewish Hospital[d,o]	Gen	NPAssn	250	70	700	250 5,072
Joseph Price Memorial Hosp.[o]	Gen	NPAssn	60	10	75	55 600
Kensington Hospital for Women[o]	GynInf	NPAssn	60	25	600	45 1,475
Lankenau Hospital[d,o]	Gen	NPAssn	250	50	600	250 6,000
Memorial Hospital	Gen	NPAssn	200	50	350	150 4,000
Mercy Hospital (col.)[o]	Gen	NPAssn	100	10	125	75 1,000
Methodist Episcopal Hosp.[o]	Gen	Church	257	61	274	121 2,000
Metropolitan Hospital	Gen	Corp	20	7	27	8 240
Misericordia Hospital[o]	Gen	Church	500	50	642	250 4,137
St. Mihiel Hospital[o]	Gen	NPAssn	225	25	600	150 5,000
National Stomach Hospital	Gen	NPAssn	40	10	0	14 600
Northeastern Hospital[o]	Gen	NPAssn	70	25	200	75 1,000
Northern Liberties Hospital	Gen	NPAssn	30	11	61	23 1,419
Pennsylvania Hospital[d,o]	Gen	NPAssn	460	120	2,921	395 5,000
Pennsylvania Hospital, Department for Mental and Nervous Diseases[o]	N&M	NPAssn	225	..	..	120 220
Philadelphia General Hosp.[d,o]	Gen	City	2,500	60	1,600	2,000 25,100
Philadelphia Hospital for Contagious Diseases[o]	Iso	City	1,100	..	..	302 2,705
Philadelphia Hospital for Mental Diseases	N&M	City	5,027	..	..	5,420 1,473
Philadelphia Orthopaedic Hospital and Infirmary for Nervous Diseases[o]	Orth&Neur	NPAssn	140	..	..	61 550
Presbyterian Hospital[d,o]	Gen	Church	325	61	800	257 4,000
Preston Retreat	Mat	NPAssn	70	25	257	25 545
Rush Hospital for Consumption and Allied Diseases	TB	NPAssn	175	..	..	72 541
St. Agnes Hospital[d,o]	Gen	Church	300	60	1,150	204 5,214
St. Christopher's Hospital for Children[d,o]	Chl	NPAssn	75	..	..	55 2,100
St. Joseph's Hospital[d,o]	Gen	Church	150	50	800	85 1,000
St. Luke's and Children's Hospital[d,o]	Gen	NPAssn	170	31	470	117 2,000
St. Mary's Hospital[d,o]	Gen	Church	150	40	495	134 2,000
St. Vincent's Hospital[d,o]	Gen	Church	225	24	274	104 1,200
Shriners Hospital for Crippled Children	Orth	Frat	150	..	..	50 222
Skin and Cancer Hospital	SkCa	NPAssn	25	..	..	18 170
Stetson Hospital	Gen	NPAssn	67	10	137	52 1,200
Temple University Hospital[d,o]	Gen	NPAssn	500	51	1,172	294 6,551
U. S. Naval Hospital	Gen	Navy	240	..	..	177 1,740
Wills Hospital[d,o]	Eye	NPAssn	200	..	..	118 3,547
Woman's Hospital[d,o]	Gen	NPAssn	150	40	600	75 2,240
Women's Homeopathic Hosp.[d,o]	Gen	NPAssn	160	60	310	90 3,564
Phillipsburg, 1,660—Centre						
Dr. McClirt Sanitarium	Gen	Indiv	30	6	30	3 165
Phillipsburg State Hospital[o]	Gen	State	160	12	262	94 2,000
Phoenixville, 12,458—Chester						
Phoenixville Hospital[o]	Gen	NPAssn	80	8	124	39 700
Pittsburgh, 669,817—Allegheny						
Allegheny General Hospital[d,o]	Gen	NPAssn	570	95	648	291 6,000
Allegheny General Hospital	Gen	NPAssn	32	10	30	0 300
Children's Hospital[d,o]	Chl	NPAssn	150	..	..	89 2,117
Elizabeth Steel Magee Hosp.[d,o]	Gen	NPAssn	291	100	2,200	175 4,422
Eye and Ear Hospital[d,o]	ENT	NPAssn	101	..	..	58 2,024
Falk Clinic and Hospital	Gen	Corp	12	..	..	0 14
Haddon Maternity Hospital	Mat	Corp	20	11	140	0 275
Homeopathic Medical and Surgical Hosp. and Dispensary[o]	Gen	NPAssn	201	45	617	140 3,540
Leech Farm Sanatorium	Gen	City	200	..	..	170 275
Mercy Hospital[d,o]	Gen	Church	425	..	800	400 8,773
Montefiore Hospital[o]	Gen	NPAssn	104	21	257	124 4,100
Municipal Hospital for Contagious Diseases	Iso	City	200	..	..	82 1,100
Passavant Hospital[d,o]	Gen	Church	217	31	252	70 2,167
Pittsburgh Hospital[d,o]	Gen	Corp	120	28	624	152 3,194
Presbyterian Hospital[d,o]	Gen	Church	140	..	14	58 2,100
Rankin Foundling and Maternity Hospital	MatChNPAssn		104	28	195	160 281
St. Francis Hospital[d,o]	Gen	Church	260	27	447	200 6,000
St. John's General Hospital[d,o]	Gen	Church	160	32	541	65 2,227
St. Joseph's Hospital and Dispensary[o]	Gen	Church	110	12	160	73 1,855
St. Margaret Memorial Hosp.[o]	Gen	Church	121	21	222	58 1,749
South Side Hospital[o]	Gen	NPAssn	210	15	214	122 2,000
Tuberculosis League Hospital	TB	NPAssn	70	..	..	147 125
U. S. Marine Hospital	Gen	USPHS	75	..	..	58 275
Western Pennsylvania Hosp.[d,o]	Gen	NPAssn	650	51	1,102	300 6,118
Pittston, 18,548—Luzerne						
Pittston Hospital[o]	Gen	NPAssn	102	18	202	74 2,400
Pottstown, 10,488—Montgomery						
Homeopathic Hospital	Gen	NPAssn	32	10	95	10 600
Pottstown Hospital[o]	Gen	NPAssn	60	10	125	57 1,000
Pottsville, 24,339—Schuylkill						
Lamb's Woods Hospital	Gen	Indiv	70	12	82	20 600
A. C. Miners Hospital	Gen	NPAssn	42	10	55	24 800
Pottsville Hospital[o]	Gen	NPAssn	125	12	225	58 2,771
Punxsutawney, 6,320—Jefferson						
Adrian Hospital	Gen	NPAssn	75	11	110	32 1,102

PENNSYLVANIA—Continued

Hospitals and Sanatoriums	Type of Service	Class	Approved by Council	Number of Beds	Number of Bassinets	Number of Patients Admitted
Quakertown, 4,555—Bucks						
Quakertown Hospital	Gen	NPAssn	44	12	80	17 600
Ransom, 67—Lackawanna						
Ransom Home and Mental Hosp.	Ment	County	270	..	..	286 84
Reading, 111,171—Berks						
Berks County Tuberculosis Sanatorium	TB	County	134	..	..	132 161
Homeopathic Medical and Surgical Hospital[o]	Gen	NPAssn	115	25	257	70 1,521
Reading Hospital[d,o]	Gen	Corp	220	30	300	142 4,000
St. Joseph's Hospital[d,o]	Gen	Church	150	25	457	150 3,200
Renovo, 5,057—Clinton						
Renovo Hospital	Gen	NPAssn	30	5	65	10 645
Retreat, 21—Luzerne						
Retreat Mental Hospital	N&M	County	1,800	..	..	607 217
Ridgway, 6,315—Elk						
Elk County General Hospital	Gen	NPAssn	60	9	125	32 1,140
Ridley Park, 1,322—Delaware						
Taylor Hospital	Gen	NPAssn	100	15	200	62 1,512
Roaring Spring, 2,794—Blair						
Nason Hospital	Gen	NPAssn	30	6	60	25 707
Rochester, 7,776—Beaver						
Rochester General Hospital[o]	Gen	NPAssn	100	12	216	70 2,000
St. Marys, 5,228—Elk						
Andrew Keal Memorial Hosp.	Gen	NPAssn	42	6	80	20 617
Sayre, 7,982—Bradford						
Robert Packer Hospital[o]	Gen	NPAssn	221	22	300	174 5,311
Sebastyhill Haven, 6,314—Schuylkill						
Schuylkill County Hospital for Mental Disease	Ment	County	465	..	..	302 135
Scranton, 143,433—Lackawanna						
Hahnemann Hospital[o]	Gen	NPAssn	100	16	284	81 2,610
Lackawanna County Tuberculosis Hospital	TB	County	140	..	..	157 120
Mercy Hospital[o]	Gen	Church	90	20	425	60 2,000
Moses Taylor Hospital[o]	Gen	NPAssn	100	..	..	75 1,600
St. Joseph's Children's and Maternity Hospital[o]	MatChChurch		147	50	32	125 128
St. Mary's Keller Memorial Hospital[o]	Gen	Church	70	12	221	42 1,422
Scranton Private Hospital	Gen	Corp	40	6	6	5 640
Scranton State Hospital[o]	Gen	State	174	14	320	205 5,852
West Side Hospital[o]	Gen	NPAssn	65	10	224	70 2,112
Selinsville, 1,662—Bucks						
Grand View Hospital[o]	Gen	NPAssn	38	7	100	39 734
Sewickley, 3,320—Allegheny						
Valley Hospital[o]	Gen	NPAssn	100	36	230	72 1,972
Shamokin, 20,276—Northumberland						
Shamokin State Hospital	Gen	State	85	8	110	80 2,079
Sharon, 35,626—Mercer						
Christian H. Buhl Hospital[o]	Gen	NPAssn	100	17	225	65 2,627
Shenandoah, 21,702—Schuylkill						
Locust Mountain State Hosp.	Gen	State	70	10	160	62 1,854
Somerset, 4,258—Somerset						
Somerset Community Hospital	Gen	NPAssn	30	6	85	29 1,112
South Mountain, 25—Franklin						
Pennsylvania State Sanatorium for Tuberculosis	TB	State	1,085	..	..	884 1,622
Spangler, 2,761—Cambria						
Miners' Hospital of Northern Cambria[o]	Gen	NPAssn	75	6	92	30 1,014
Sunbury, 13,628—Northumberland						
Mary M. Packer Hospital	Gen	NPAssn	61	9	129	45 1,489
Susquehanna, 1,920—Susquehanna						
Simon H. Bernat Memorial Hospital	Gen	NPAssn	15	5	25	9 217
Tarentum, 5,551—Allegheny						
Allegheny Valley Hospital[o]	Gen	NPAssn	85	10	176	36 1,779
Taylor, 10,225—Lackawanna						
Taylor Hospital	Gen	NPAssn	41	7	No data supplied	
Titusville, 6,422—Crawford						
Titusville Hospital	Gen	NPAssn	37	6	124	15 714
Torrance, 414—Westmoreland						
Torrance State Hospital	Ment	State	1,497	..	..	1,434 610
Uniontown, 10,556—Fayette						
Uniontown Hospital[o]	Gen	NPAssn	200	25	300	122 3,545
Warren, 14,828—Warren						
Warren General Hospital[o]	Gen	NPAssn	80	22	270	44 1,440
Warren State Hospital	Ment	State	1,650	..	..	1,600 520
Washington, 34,546—Washington						
Hillview Farms Sanatorium	Gen	Indiv	40	..	..	24 200
Washington Hospital[o]	Gen	NPAssn	150	20	180	71 2,200
Waymart, 662—Wayne						
Farview State Hospital	Ment	State	700	..	..	742 134
Waynesboro, 10,327—Franklin						
Waynesboro Hospital	Gen	NPAssn	35	10	130	30 920
Waynesburg, 4,045—Greene						
Greene County Memorial Hosp.	Gen	NPAssn	31	6	30	17 674
Wernersville, 1,650—Berks						
Wernersville State Hospital	Ment	State	1,400	..	..	1,275 310
West Chester, 12,256—Chester						
Chester County Hospital[o]	Gen	NPAssn	142	20	230	60 2,320
Homeopathic Hospital of Chester County[o]	Gen	NPAssn	67	10	127	40 1,210
West Grove, 1,272—Chester						
West Grove Hospital	Gen	Indiv	24	15	60	9 204
White Haven, 1,207—Luzerne						
White Haven Sanatorium[d,o]	TB	NPAssn	230	..	..	200 200
Wilkes-Barre, 60,602—Luzerne						
Mercy Hospital[d,o]	Gen	Church	125	25	252	125 4,457
Wilkes-Barre General Hosp.[d,o]	Gen	NPAssn	225	51	600	200 7,210
Wyoming Valley Homeopathic Hospital[o]	Gen	NPAssn	70	10	200	46 1,775
Williamsburg, 2,200—Allegheny						
Columbia Hospital[o]	Gen	Church	171	20	224	64 2,172

Key to symbols and abbreviations is on page 1051

PENNSYLVANIA—Continued

Hospitals and Sanatoriums	Type of Service	Control	Bassinets	Beds	Number of Births	Average Patients	Patients Admitted
Williamsport, 45,729—Lycoming							
Bethlehem Clinic and Hospital	Gen	Indiv	12	6	21	4	240
Williamsport Hospital[10]	Gen	NPAssn	231	44	885	165	5,500
Windber, 6,100—Somerset							
Windber Hospital[10]	Gen	NPAssn	107	10	522	82	2,450
Woodville, 850—Allegheny							
Allegheny County Home and Hospital for the Insane	Ment	County	2,200	..	..	2,107	1,147
York, 48,358—York							
West Side Sanitarium	Gen	Indiv	10	5	25	12	300
York Hospital[10]	Gen	NPAssn	182	25	885	150	3,576
Related Institutions							
Ardmore, 10,075—Montgomery							
Wood Lee Sanitarium	N&M	Indiv		14	..	..	7	9
Bellevue, 10,280—Allegheny							
Salvation Army Women's Home and Hospital	Mat	Church		10	10	103	15	110
Bryanmoll, 1,500—Delaware								
Convalescent Hospital	Conv	Prat		20	..	..	25	211
Bryn Mawr, 3,000—Montgomery								
Bryn Mawr College Infirmary	Inst	NPAssn		16	..	..	1	195
Cumberland Hospital, 1,500—Cumberland								
Logan's Hospital	Gen	Indiv		10	2	8	2	82
Carlisle, 11,824—Cumberland								
Cumberland County Home	Inst	County		35	..	..	31	15
Chambersburg, 14,728—Franklin								
Wilson College for Women Infirmary	Inst	NPAssn		10	..	..	1	452
Clifton Heights, 8,627—Delaware								
Eyrie Sanitarium	N&M	Indiv		12	..	No data supplied		
Darby, 8,600—Delaware								
St. Francis' Country House for Convalescents and St. Francis Hall for Incurables	Convlsc	Church		52	..	..	44	751
Devon, 204—Chester								
Favorlea Farm	N&M	Indiv		17	..	..	6	9
Perfect Rest	N&M	Indiv		10	..	..	1	None
Ebensburg, 3,628—Cambria								
Cambria County Hospital	Inst	County		112	..	2	61	170
Elwyn, 102—Delaware								
Elwyn Training School	MeDe	NPAssn		1,045	..	..	989	43
Embreeville, 167—Chester								
Chester County Hospital for Insane	Ment	County		309	..	..	309	9
Erie, 115,967—Erie								
Labrobe Hospital	Iso	City		60	..	..	..	...
Memorial Private Hospital and Clinic	Gen	Indiv		15	4	15	2	80
Ghesonia, 132—Allegheny								
St. Barnabas Free Home	Inc	Church		100	..	..	100	100
Girard, 1,854—Erie								
Erie County Home, Tuberculosis Annex	TB	County		20	..	..	..	...
Harmarville, 705—Allegheny								
Harmarville Convalescent Home	Conv	NPAssn		45	20	..	37	327
Hervey, 1,500—Dauphin								
Hervey Hospital	Gen	Corp		10	6	20	1	200
Huntingdon, 7,526—Huntingdon								
Pennsylvania Industrial School	Inst	State		25	..	..	15	257
Johnstown, 61,905—Cambria								
Municipal Hospital	Iso	City		60	..	..	9	70
Sales Private Hospital	Aleoh	Indiv		15	..	..	2	70
Lancaster, 53,900—Lancaster								
Lancaster County Hospital and Hospital for Insane[9]	Ment	County		570	..	..	570	122
Landenberg, 9,545—Delaware								
Sanatorium School	Orth	Indiv		20	..	..	19	22
Lansdale, 327—Union								
Lansdale State Village	MeDe	State		600	..	..	604	12
Lansdowne (Upper Darby P.O.), 31—Delaware								
Country Branch of Babies' Hospital of Philadelphia	Chl	NPAssn		50	..	..	47	124
Leverille, 500—Perry								
Annie L. Lowry Memorial Hospital	Inst	Church		40	..	..	1	40
Lewer, 2,115—Mercer								
Mercer County Home and Hospital	Ment	County		340	..	..	330	70
Middletown, 6,625—Dauphin								
Odd Fellows' Home	Inst	Prat		35	..	..	35	40
Mont Clare, 600—Montgomery								
River Crest Preventorium	TB	NPAssn		100	..	..	..	...
Morganza—Washington								
Pennsylvania Training School	Inst	State		17	..	..	7	322
Nazareth, 5,500—Northampton								
Northampton County Almshouse	Inst	County		100	..	No data supplied		
New Brighton, 9,500—Beaver								
Beaver County Children's Home	Inst	NPAssn		10	..	..	..	12
New Wilmington, 500—Lawrence								
Overbrook Sanatorium	Conv	Part		25	..	..	14	207
North East 3,670—Erie								
St. Barnabas' House by the Lake	Inst	Church		30	..	..	30	42
Oakbourne (West Chester P.O.), 22—Chester								
James C. Smith Memorial Home	Conv	Church		20	..	..	10	104
Pennsylvania Epileptic Hospital and Colony Farm	Epil	NPAssn		119	..	..	116	14
Olyphant, 10,750—Lackawanna								
Mickley Home	Ment	County		144	..	..	139	7
Pennhurst—Chester								
Pennhurst State School	MeDe	State		1,502	..	..	1,455	115

PENNSYLVANIA—Continued

Related Institutions	Type of Service	Control	Bassinets	Beds	Number of Births	Average Patients	Patients Admitted
Philadelphia, 1,823,221—Philadelphia							
Belmont Hospital	Mat	Church		10	10	120	5	177
Chester Avenue Private Hosp.	Gen	Indiv		9	9	24	3	180
Eastern State Penitentiary Hospital	Inst	State		61	..	..	59	915
Florence Crittenton Home	Mat	NPAssn		15	15	31	5	70
House of the Merciful Saviour for Crippled Children		Orth	NPAssn		62	..	..	62	14
Homewood School		Inst	NPAssn		150	12	..	138	150
House of the Good Shepherd (col.)		Inst	Church		75	..	..	61	39
Kenwood Sanitarium		Conv	Indiv		20	..	..	13	27
Logan Private Hospital		Conv	Indiv		14	..	..	10	28
Pennsylvania School for the Deaf		Inst	NPAssn		30	..	..	5	201
Philadelphia County Prison Hospital (Holmesburg)		Inst	CyCo		30	..	..	24	205
Philadelphia County Prison Hospital (Road St. Prison)		Inst	County		40	..	..	15	202
Philadelphia Home for Incurables		Inc	NPAssn		204	..	..	197	29
Roosevelt Farms Sanitarium		Conv	Corp		22	..	..	16	79
Sharon Hall		Conv	Corp		45	..	..	..	...
Widener Memorial Industrial Training School for Crippled Children		Orth	NPAssn		100	..	..	85	11
Pittsburgh, 588,217—Allegheny									
Industrial Home for Crippled Children		Orth	NPAssn		20	..	..	20	241
Jewish Home for the Aged		Inst	NPAssn		55	..	..	..	40
Western Penitentiary Hospital		Inst	State		25	..	..	14	242
Polk, 2,327—Venango									
Polk State School[9]		MeDe	State		3,000	..	..	2,867	197
Pottstown, 19,428—Montgomery									
Hill School Infirmary		Inst	NPAssn		20	..	..	5	212
Retreat, 81—Luzerne									
Retreat Home and Hospital for Chronic Disease		Inst	County		120	..	..	..	...
Rochester, 7,722—Beaver									
Pleasant Memorial Homes for the Care of Epileptics		Epil	Church		120	..	..	112	10
Schuylkill Haven, 4,314—Schuylkill									
Schuylkill County Almshouse Hospital		Inst	County		165	12	..	..	...
Scranton, 143,433—Lackawanna									
Municipal Hospital for Contagious Diseases		Iso	City		40	..	..	11	120
Selinsgrove, 2,797—Snyder									
Selinsgrove State Colony for Epileptics		Epil	State		450	..	..	375	97
Shillington, 4,491—Berks									
Berks County Almshouse Hosp.		Inst	County		112	..	No data supplied		
Somerset, 4,535—Somerset									
Somerset County Home and Hospital		Ment	County		515	..	..	465	30
State College, 4,462—Centre									
Pennsylvania State College Health Service Hospital		Inst	State		24	..	..	3	344
Troy, 1,100—Bradford									
Marian Lloyd School		MeDe	Indiv		65	..	..	..	...
Union City, 2,393—Erie									
Union City Hospital		Gen	NPAssn		14	5	No data supplied		
Valencia, 500—Butler									
Lillian Convalescent Rest		Conv	NPAssn		32	..	..	62	340
White Haven, 1,527—Luzerne									
Sunnycrest Sanatorium		TB	Indiv		40	..	..	3	5
Wilkes-Barre, 86,626—Luzerne									
Contagious Disease Hospital		Iso	City		12	..	..	3	32
Williamstown, 1,559—Dauphin									
Williams Valley Hospital		Gen	Corp		24	2	..	2	30
Willow Grove, 1,595—Montgomery									
Willow Crest for Convalescents		Conv	NPAssn		80	..	..	75	917

Summary for Pennsylvania:

	Number	Beds	Average Patients	Patients Admitted
Hospitals and sanatoriums	291	68,562	54,658	254,527
Related institutions	77	11,775	10,277	12,573
Totals	368	80,337	64,935	268,035
Refused registration	25	575		

RHODE ISLAND

Hospitals and Sanatoriums	Type of Service	Control	Bassinets	Beds	Number of Births	Average Patients	Patients Admitted
Central Falls, 25,248—Providence							
Notre Dame Hospital	Gen	NPAssn		30	7	30	19	710
East Providence, 19,555—Providence								
Emma Pendleton Bradley Home	Nerv	NPAssn		30	..	..	45	57
Hillsgrove, 1,500—Kent								
St. Joseph's Sanatorium	TB	Church		65	..	..	47	32
Howard, 2,385—Providence								
State Hospital for Mental Diseases[9]		Ment	State		2,261	..	..	2,261	310
State Infirmary		Gen	State		1,004	60	55	975	847
Newport, 27,628—Newport									
Newport Hospital[9]		Gen	NPAssn		130	21	320	94	2,140
Station Hospital		Gen	Army		20	..	..	12	720
U. S. Naval Hospital		Gen	Navy		227	..	27	36	664
Pawtucket, 77,149—Providence									
Memorial Hospital[9]		Gen	NPAssn		160	30	441	105	2,362

Key to symbols and abbreviations is on page 1091

RHODE ISLAND—Continued

Hospitals and Sanatoriums	Type of Service	Control	Bassinets	Beds	Cribs	Average Patients	Admitted	Discharged
Providence, 252,981—Providence								
Butler Hospital*◇	MAM	NPAssn	174	..	..	149	147	
Charles V. Chapin Hospital*◇	This	City	100	..	..	93	1,521	
Homeopathic Hospital*◇	Gen	NPAssn	193	81	35†	93	1,765	
Hope Hospital	Gen	Corp	28	2	..	17	69	
Jane Brown Memorial Hosp.	(Included in Rhode Island Hospital)							
John W. Keefe Surgery	Surg	NPAssn	25	..	..	4	29	
Miriam Hospital	Gen	NPAssn	68	14	15†	58	1,528	
Providence Lying-In Hospital*◇	Mat	NPAssn	155	155	2,200	104	2,269	
Rhode Island Hospital*◇	Gen	NPAssn	600	..	..	483	9,921	
St. Joseph's Hospital*◇	Gen	Church	200	65	54†	151	2,894	
Wakefield, 3,710—Washington								
South County Hospital	Gen	NPAssn	35	10	10†	21	647	
Wallum Lake, ?—Providence								
Rhode Island State Sanat.	TB	State	400	..	..	411	330	
Westerly, 10,507—Washington								
Margaret Edward Anderson Hospital	Gen	Indiv	25	..	..	No data supplied		
Westerly Hospital*	Gen	NPAssn	21	21	14†	21	707	
Woonsocket, 49,376—Providence								
Woonsocket Hospital*	Gen	Corp	127	25	17†	42	2,677	
Related Institutions								
Bristol, 11,858—Bristol								
Rhode Island Soldiers' Home.	Inst	State	32	..	..	..	..	
Howard, 2,525—Providence								
Rhode Island State Prison Hosp.	Inst	State	24	..	..	29	480	

● General Hospital ◇ Tuberculosis
▲ Nervous and Mental ■ Other Special Hospital

Total hospitals in Rhode Island, 32; general, 16; general beds occuied, *69.7* per cent; population per general bed, 229.

Sockanosset School for Boys	Inst	State	9	..	..	5	253
Howard, ?—Kent							
Lakeside Preventorium	TB	NPAssn	50	..	..	47	251
La Fayette, ?—Washington							
Exeter School	MeDe	State	611	..	..	604	91
Providence, 252,981—Providence							
Broadway Hospital	Surg	Corp	11	..	..	2	66
Heath Sanatorium	Conv	Indiv	20	..	..	17	17
Heath Sanatorium Annex	Conv	Indiv	17	..	..	15	15
St. Elizabeth Home for Incurables	Inc	Church	45	..	..	42	11

Summary for Rhode Island:

	Number	Beds	Average Patients	Patients Admitted
Hospitals and sanatoriums	32	6,869	5,314	32,329
Related institutions	9	669	667	1,292
Totals	41	7,538	6,121	37,621
Refused registration	1	65		

SOUTH CAROLINA

Hospitals and Sanatoriums	Type of Service	Control	Bassinets	Beds	Cribs	Average Patients	Admitted	Discharged
Abbeville, 4,414—Abbeville								
Abbeville County Memorial Hospital	Gen	NPAssn	10	2	2†	6	215	
Aiken, 6,935—Aiken								
Aiken County Hospital	Gen	County	20	2	2†	24	1,000	
Anderson, 14,276—Anderson								
Anderson County Hospital*◇	Gen	NPAssn	74	10	22†	51	2,275	
Bennettsville, 3,627—Marlboro								
Marlboro County General Hospital	Gen	NPAssn	22	6	4†	15	640	
Camden, 5,125—Kershaw								
Camden Hospital*◇	Gen	NPAssn	44	6	6†	27	1,105	
Charleston, 62,265—Charleston								
Baker Sanatorium*◇	Gen	Corp	20	12	11†	21	625	
Roper Hospital*◇◇	Gen	NPAssn	225	80	71†	150	4,225	
St. Francis Xavier Infirmary*◇	Gen	Church	70	13	7†	21	850	
Chester, 4,253—Chester								
Fryer Hospital*◇	Gen	NPAssn	20	6	1†	15	602	
Clinton, 4,622—Laurens								
Dr. Hays' Hospital	Gen	Indiv	15	2	1†	5	205	
Columbia, 51,581—Richland								
Columbia Hospital*◇	Gen	County	275	90	31†	125	4,140	
Good Samaritan Hosp. (col.)◇	Gen	NPAssn	45	5	10†	25	1,071	
South Carolina Baptist Hospital*◇	Gen	Church	95	6	10†	70	2,225	
South Carolina State Hosp.◇	Ment	State	3,500	..	..	3,464	320	
Veterans Admin. Facility	Gen	Vet	250	..	..	230	1,000	
Waverley Sanitarium	MAM	Corp	25	..	..	24	215	
Waverly Fraternal Hosp. (col.)	Gen	Frat	42	6	3†	25	600	
Conway, 3,021—Horry								
Conway Hospital*◇	Gen	NPAssn	25	6	6†	10	1,400	
Florence, 14,774—Florence								
Florence-Darlington Tuberculosis Sanatorium	TB	County	45	..	..	45	57	
McLeod Infirmary*◇	Gen	NPAssn	125	9	11†	75	2,700	
Saunders Memorial Hosp.*◇	Gen	NPAssn	35	9	2†	20	1,315	
Gaffney, 4,627—Cherokee								
City Hospital*◇	Gen	NPAssn	25	2	2†	13	264	
Greenville, 29,154—Greenville								
Greenville City Hospital*◇	Gen	City	125	11	24†	82	3,150	
Greenville County Sanatorium	TB	County	70	..	..	67	300	
Dr. Jervey's Private Hospital	ENT	Indiv	15	..	..	3	100	
St. Francis Hospital	Gen	Church	50	9	17†	41	1,471	
Shriners Hospital for Crippled Children	Orth	Frat	60	..	..	60	300	
Working Boys' Home Hospital (col.)	Gen	Frat	22	1	2†	10	225	
Greenwood, 11,626—Greenwood								
Bryant Hospital (col.)◇	Gen	Church	25	2	2†	10	250	
Greenwood City Hospital*◇	Gen	NPAssn	52	2	3†	No data supplied		
Kingstree, 2,302—Williamsburg								
Edney Sanatorium	Gen	Indiv	25	4	2†	7	600	
Lake City, 1,942—Florence								
Lynch Infirmary	Gen	Indiv	12	2	2†	4	150	
Lancaster, 3,543—Lancaster								
Lancaster Hospital	Gen	Indiv	25	3	7†	12	625	
Moncks Corner, 600—Berkley								
Berkley County Hospital	G&TB	NPAssn	21	4	2†	20	625	
Mouultrieville, 515—Charleston								
Station Hospital	Gen	Army	20	..	..	20	1,000	
Mullins, 5,125—Marion								
Mullins Hospital*◇	Gen	NPAssn	20	4	6†	24	1,000	
Navy Yard, 1,626—Charleston								
Pinehurst Sanatorium	TB	County	20	..	..	20	60	
Newberry, 7,292—Newberry								
Newberry County Hospital*◇	Gen	NPAssn	25	5	2†	15	475	
Orangeburg, 5,776—Orangeburg								
Tri-County Hospital	Gen	NPAssn	27	4	1†	21	735	
Parris Island, 500—Beaufort								
U. S. Naval Hospital	Gen	Navy	121	4	2†	21	1,650	
Ridgewood (Columbia P.O.)—Richland								
Ridgewood Tuberculosis Camp	TB	NPAssn	70	..	..	20	61	
Rock Hill, 11,525—York								
Feaunell Infirmary*◇	Gen	Indiv	25	2	2†	No data supplied		
Six Mile, 125—Pickens								
Dr. Park's Hospital	Gen	Indiv	20	2	2†	23	661	
Spartanburg, 22,743—Spartanburg								
Mary Black Memorial Hosp.◇	Gen	NPAssn	27	3	2†	20	917	
Spartanburg General Hosp.◇◇	Gen	County	200	34	21†	147	3,974	
State Farm, —Richland								
Palmetto Sanatorium	(Colored Division of South Carolina Sanat.)							
South Carolina Sanatorium	TB	State	277	..	..	..	..	
Sumter, 11,726—Sumter								
Tuomey Hospital*◇	Gen	NPAssn	60	8	6†	42	1,167	
Walterboro, 2,555—Colleton								
Charles Ed'Dorn Hospital	Gen	Indiv	25	4	2†	16	1,212	
Related Institutions								
Charleston, 62,265—Charleston								
Charleston Orphan House	Inst	City	24	..	..	5	421	
Citadel Hospital	Inst	State	21	..	..	8	2,000	
Clinton, 3,642—Laurens								
Lesh Infirmary of Thornwell Orphanage	Inst	Church	42	..	..	..	..	
State Training School	MeDe	State	250	..	..	215	50	
Columbia, 51,581—Richland								
Wallace Thomson Infirmary	Inst	State	20	..	..	..	..	
Georgetown, 4,252—Georgetown								
Florence Williams Hosp. (col.)	Gen	Indiv	15	1	1	5	82	
Greenville, 29,154—Greenville								
Dr. Tyler's Hospital	Surg	Indiv	10	..	..	No data supplied		
Welch Memorial Infirmary	Inst	NPAssn	45	..	..	10	120	
Leesville, 1,546—Lexington								
Leesville Infirmary*◇	Gen	Corp	20	6	2†	8	200	
Summerville, 2,870—Dorchester								
Arthur B. Lee Hosp. (col.)	Gen	NPAssn	12	1	1†	5	124	
Summerville Infirmary	Gen	NPAssn	10	5	2†	5	224	

Key to symbols and abbreviations is on page 1091

SOUTH CAROLINA—Continued

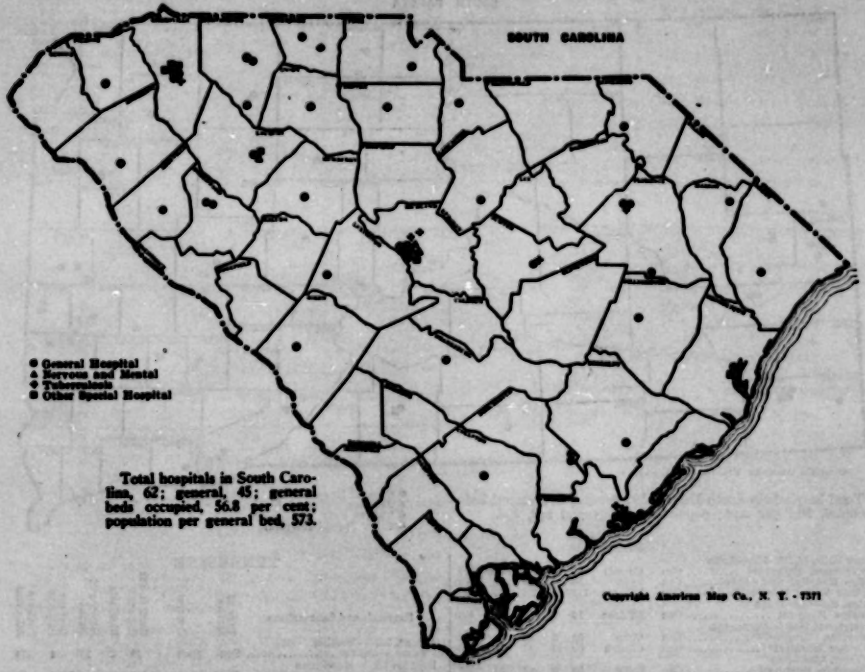
Related Institutions	Type of Hospital	Control	Hospital Beds	Bassinets	Nursery Beds	Average Patients	Patients Admitted
Sumter, 11,732—Sumter							
Camp Allen, Sumter County Tuberculosis Sanitarium	TB	CyCo	25	..	..	20	31
Union, 7,419—Union							
Walker, Thompson Hospital	Gen	NPAssn	20	2	22	..	410
Woodruff, 3,175—Spartanburg							
Workman Memorial Hospital	Gen	Indiv	7	3	No data supplied		

Summary for South Carolina:

	Number	Beds	Average Patients	Patients Admitted
Hospitals and sanatoriums	49	7,626	6,621	31,749
Related institutions	14	205	200	5,657
Totals	63	7,831	6,871	37,377
Refused registration	1	27		

SOUTH DAKOTA—Continued

Hospitals and Sanatoriums	Type of Hospital	Control	Hospital Beds	Bassinets	Nursery Beds	Average Patients	Patients Admitted
Dell Rapids, 1,457—Minnehaha							
Dell Rapids Hospital*	Gen	Corp	20	6	25	9	281
Edgemont, 1,168—Fall River							
Edgemont Hospital	Gen	Indiv	10	2	18	4	245
Eureka, 1,326—McPherson							
Eureka Community Hospital	Gen	NPAssn	22	3	29	9	267
Faulkton, 720—Faulk							
Faulk County Hospital	Gen	County	17	6	29	6	277
Flandreau, 1,934—Moody							
Moody County Hospital	Gen	Indiv	10	1	6	3	119
Ft. Meade—Meade							
Station Hospital	Gen	Army	60	..	17	60	1,381
Ft. Thompson, 65—Buffalo							
Marcos Indian Hospital	Gen	I A	14	5	24	17	414


SOUTH CAROLINA
● General Hospital
▲ Nervous and Mental
✚ Tuberculosis
■ Other Special Hospital
Total hospitals in South Carolina, 62; general, 45; general beds occupied, 56.8 per cent; population per general bed, 573.
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SOUTH DAKOTA

Hospitals and Sanatoriums	Type of Hospital	Control	Hospital Beds	Bassinets	Nursery Beds	Average Patients	Patients Admitted
Aberdeen, 14,651—Brown							
Aberdeen Good Samaritan Hospital	Gen	Church	30	9	45	11	1,021
St. Luke's Hospital*	Gen	Church	114	25	150	85	2,312
Belle Fourche, 3,662—Butte							
John Burns Memorial Hospital	Gen	NPAssn	20	10	75	15	300
Bonilla, 775—Edmunds							
Community Hospital	Gen	NPAssn	10	1	44	3	162
Brookings, 4,372—Brookings							
Wesley Hospital	Gen	Church	24	8	30	8	431
Canova, 854—Miner							
Canova Hospital	Gen	Corp	15	5	16	5	257
Chamberlain, 1,324—Brule							
Chamberlain Sanit. and Hosp.*	Gen	NPAssn	75	6	54	22	571
Cheyenne Agency, 121—Dewey							
Cheyenne River Indian Hosp.	Gen	I A	60	6	51	25	602
Deadwood, 5,835—Lawrence							
St. Joseph's Hospital*	Gen	Church	30	6	70	16	639
Hot Springs, 2,525—Fall River							
Lutheran Sanat. and Hospital	Gen	Church	25	6	25	6	294
Our Lady of Lourdes Hospital	Gen	Church	30	6	40	25	700
Veterans Admin. Facility	Gen	Vet	625	..	..	225	800
Huron, 10,065—Beadle							
Sprague Hospital*	Gen	Corp	34	8	94	22	779
Lead, 5,728—Lawrence							
Homestake Hospital	Gen	NPAssn	25	5	41	12	485
Lemmon, 1,358—Perkins							
Lemmon Hospital	Gen	Indiv	14	4	13	7	214
Madison, 4,599—Lake							
Madison Community Hospital	Gen	NPAssn	60	10	76	18	727
Milbank, 3,520—Grant							
St. Bernard Providence Hosp.	Gen	Church	25	7	31	6	234
Miller, 1,447—Hand							
Miller Hospital and Clnic	Gen	Indiv	16	5	22	7	295
Mitchell, 10,942—Davison							
Methodist State Hospital*	Gen	Church	100	10	120	45	1,455
St. Joseph Hospital*	Gen	Church	45	15	135	65	1,288
Mobridge, 3,564—Walworth							
Love Hospital	Gen	Indiv	20	6	54	3	324
Mobridge Hospital	Gen	NPAssn	25	15	30	10	311
New Underwood, 311—Pennington							
New Underwood Community Hospital	Gen	NPAssn	12	6	24	3	147

Key to symbols and abbreviations is on page 1091

SOUTH DAKOTA—Continued

Hospitals and Sanatoriums	Class of Hosp.	Control	Bassinets	Beds	Cribs	Average Patients	Patients Admitted	Total Patients
Pierre, 3,452—Hughes								
St. Mary's Hospital*	Gen	Church	20	15	120	36	1,400	
Fine Ridge, 616—Shannon								
Pine Ridge Hospital	Gen	I A	25	6	120	45	1,370	
Rapid City, 10,434—Pennington								
Black Hills Methodist Hosp.*	Gen	Church	22	6	114	27	1,160	
St. John's McNamara Hosp.*	Gen	Church	20	12	114	25	1,150	
Redfield, 2,564—Spink								
Baldwin Community Hospital	Gen	City	15	5	No data supplied			
Rosebud, 128—Todd								
Rosebud Agency Indian Hosp.	Gen	I A	30	..	662	32	1,600	
Sanator, 10—Custer								
South Dakota State Sanatorium for Tuberculosis	TB	State	102	..	..	100	101	

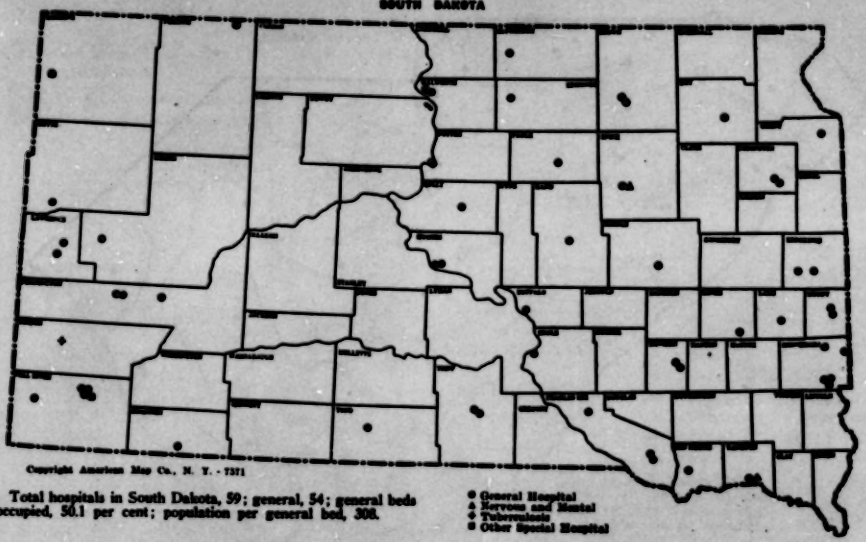
SOUTH DAKOTA—Continued

Related Institutions	Class of Hosp.	Control	Bassinets	Beds	Cribs	Average Patients	Patients Admitted	Total Patients
Redfield, 2,564—Spink								
State School and Home for Feebleminded	MeDe	State	700	..	..	615	90	
Wagner, 1,429—Charles Mix								
Dugans Hospital	Gen	Indiv	2	2	10	4	125	
Pinard Hospital	Gen	Indiv	2	2	6	2	110	

Summary for South Dakota:

	Number	Beds	Average Patients	Patients Admitted
Hospitals and sanatoriums	48	4,113	2,777	28,021
Related institutions	11	655	629	1,702
Totals	59	4,768	3,406	27,823
Refused registration	5	198		

SOUTH DAKOTA



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Total hospitals in South Dakota, 59; general, 54; general beds occupied, 50.1 per cent; population per general bed, 308.

* General Hospital
△ Nervous and Mental
† Tuberculosis
§ Other Special Hospital

Hospitals and Sanatoriums	Class of Hosp.	Control	Bassinets	Beds	Cribs	Average Patients	Patients Admitted	Total Patients
Sioux Falls, 24,992—Minnehaha								
McKennan Hospital*	Gen	Church	65	32	No data supplied			
Mee Hospital and Clinic*	Gen	Indiv	20	5	67	22	1,200	
Sioux Valley Hospital*	Gen	HPAssn	110	80	255	68	2,200	
Volga, 694—Brookings								
Volga Hospital	Gen	HPAssn	10	2	10	11	410	
Watertown, 10,214—Codington								
Bethesa Hospital*	Gen	Corp	20	6	52	49	1,401	
Luther Hospital*	Gen	Church	65	10	84	39	980	
Webster, 1,622—Day								
Peabody Hospital*	Gen	Indiv	20	9	67	32	702	
Wagner, 2,229—Tripp								
Wagner Hospital	Gen	Indiv	10	2	20	4	191	
Wisner General Hospital	Gen	Indiv	15	5	22	7	250	
Yankton, 5,673—Yankton								
Sacred Heart Hospital*	Gen	Church	120	20	142	65	1,250	
Yankton State Hospital	Ment	State	1,750	..	No data supplied			
Related Institutions								
Avon, 670—Bon Homme								
Hollingsworth Hospital	Gen	Indiv	5	4	3	2	125	
Camp Crook, 181—Harding								
Camp Crook Hospital	Gen	Indiv	9	2	4	2	74	
Flandreau, 1,584—Moody								
Flandreau Indian School Hosp.	Gen	I A	25	..	4	15	625	
Garretson, 625—Minnehaha								
De Vall Hospital	Gen	Indiv	10	2	15	1	64	
Hot Springs, 3,609—Fall River								
State Soldiers' Home	Inst	State	25	..	..	20	140	
Onida, 325—Sully								
Onida Hospital	Gen	Indiv	12	4	32	..	150	
Pierre, 3,452—Hughes								
Pierre Indian School Hospital	Gen	I A	20	..	..	4	250	
Platte, 1,327—Charles Mix								
Platte Hospital	Gen	Indiv	7	2	..	2	...	

TENNESSEE

Hospitals and Sanatoriums	Class of Hosp.	Control	Bassinets	Beds	Cribs	Average Patients	Patients Admitted	Total Patients
Athens, 1,922—McMinn								
Forrs Hospital	Gen	Part	10	3	25	4	176	
Bolivar, 1,217—Hardeman								
Western State Hospital*	Ment	State	1,550	..	..	1,705	271	
Brownsville, 5,524—Haywood								
Haywood County Memorial Hospital	Gen	HPAssn	20	4	27	9	264	
Chattanooga, 119,798—Hamilton								
Baroness Erlanger Hosp.*†‡	Gen	CyCo	200	50	225	172	5,272	
Children's Hospital*	Hist	CyCo	12	11	100	60	1,400	
Memorial Hospital*	Gen	Part	65	1	90	30	1,110	
Pine Breeze Sanatorium*	TB	HPAssn	250	..	..	211	250	
Clarksville, 9,585—Montgomery								
Clarksville Home Infirm. (col.)	Gen	Indiv	25	2	3	3	250	
Clarksville Hospital*	Gen	HPAssn	25	6	25	15	600	
Cleveland, 5,152—Bradley								
Spark Hospital	Gen	HPAssn	20	4	No data supplied			
Columbia, 7,022—Maury								
Kings Daughters Hospital*	Gen	HPAssn	20	5	21	..	215	
Dayton, 2,602—Rhea								
Smythe Private Hospital	Gen	Indiv	12	3	No data supplied			
Dyersburg, 5,725—Dyer								
Baird-Brewer General Hosp.*	Gen	Corp	20	..	15	20	625	
Elizabethton, 5,626—Carter								
St. Elizabeth General Hosp.	Gen	Corp	25	5	32	6	275	
Greeneville, 5,544—Greene								
Greeneville Sanat. and Hosp.*	Gen	Corp	40	2	20	17	717	
Tabeson Hospital and Sanit.*	Gen	Corp	25	6	27	12	450	

Key to symbols and abbreviations is on page 1031

TENNESSEE—Continued

Hospitals and Sanatoriums	Type of Service	Control	Bassinets	Number of Beds	Admissions	Patients Admitted
Humboldt, 4,613—Gibson						
Cureton Clinic	Gen	Indiv	10	4	69	4	202
Jackson, 22,173—Madison						
Memorial Hospital[10]	Gen	NPAssn	30	3	44	10	321
Webb-Williamson Hosp.-Clinic	Gen	Corp	24	6	30	10	675
Jefferson City, 1,888—Jefferson							
Jefferson Hospital	Gen	Indiv	25	3	26	5	300
Johnson City, 25,600—Washington							
Appalachian Hospital[10]	Gen	Corp	30	6	105	11	921
Campbell's Eye, Ear, Nose and Throat Hospital	ENT	Indiv	10	..	..	3	705
Jones Eye, Ear, Nose and Throat Hospital	ENT	Indiv	17	..	..	6	330
Parker Budd Clinic and Hosp.	Gen	Part	20	3	..	..	..
Veterans Admin. Facility	Gen	Vet	500	..	..	400	1,130
Kingsport, 11,814—Sullivan							
Kingsport General Hospital	Gen	Part	16	3	32	9	402
Marsh Clinic and Hospital	Gen	Indiv	20	3	17	7	313
Knoxville, 105,802—Knox							
Beverly Hills Sanatorium	TB	CyCo	100	..	..	141	120
Dr. M. F. Christenberry Eye, Ear, Nose and Throat Infirmary	ENT	Indiv	12	3	No data supplied		
Eastern State Hospital	Nerv	State	1,562	..	..	1,520	220
Ft. Sanders Hospital[10]	Gen	NPAssn	120	15	201	57	2,201
Knoxville General Hosp.[OO]	Gen	City	225	29	749	140	5,700
St. Mary's Memorial Hosp.[O]	Gen	Church	60	12	117	29	1,020
Lawrenceburg, 5,102—Lawrence							
Lawrenceburg Sanitarium and Hospital	Gen	NPAssn	20	3	30	7	220
Lebanon, 6,686—Wilson							
Martha Gaston Hospital	Gen	Indiv	25	..	20	..	234
McFarland Hospital	Gen	Indiv	12	1	15	7	275

TENNESSEE—Continued

Hospitals and Sanatoriums	Type of Service	Control	Bassinets	Number of Beds	Admissions	Patients Admitted
St. Thomas Hospital[10]	Gen	Church	100	25	320	101	3,740
Vanderbilt University Hosp.[OO]	Gen	NPAssn	125	15	304	119	4,467
Newport, 5,082—Cocke							
Dr. E. E. Northcutt Infirmary	Gen	Indiv	12	2	3	6	60
Oakville, 252—Shelby							
Oakville Memorial Sanatorium	TB	CyCo	160	..	..	205	240
Paris, 6,164—Henry							
McIlwain Clinic	Gen	Indiv	10	4	24	3	225
Wiggins Clinic	Gen	Part	12	2	12	3	170
Pleasant Hill, 125—Cumberland							
"Uplands" Cumberland Mountain Sanatorium	G&TB	NPAssn	20	4	11	9	104
Pressmen's Home, 102—Hawkins							
International Printing Pressmen and Assistants' Union Sanatorium	TB	NPAssn	44	..	..	20	10
Pulaski, 5,207—Giles							
Pulaski Hospital	Gen	Indiv	15	2	24	9	405
Richard City, 122—Marion							
Dixie Hospital	Gen	Indiv	10	2	11	2	94
Ridgetop, 100—Robertson							
Watauga Sanatorium	TB	Corp	40	..	..	14	30
Rockwood, 5,056—Roane							
Chamberlain Memorial Hosp.[O]	Gen	NPAssn	40	5	25	19	625
Rogersville, 1,250—Hawkins							
Lyon's Private Hospital	Gen	Indiv	10	..	15	5	75
Sevierville, 2,500—Sevier							
Emerald-Hodgson Memorial Hospital	Gen	Church	25	10	65	9	513
Shelbyville, 5,010—Bedford							
Bedford County Hospital	Gen	NPAssn	25	3	24	7	300

Total hospitals in Tennessee, 99; general, 63; general beds occupied, 58.5 per cent; population per general bed, 508.

Loudon, 3,573—Loudon							
J. J. Harrison, Jr. Sanitarium	Gen	Indiv	25	..	No data supplied		
Madison, 9[b]—Davidson							
Madison Rural Sanitarium and Hospital[9]	Gen	NPAssn	100	6	10	51	1,121
Maryville, 4,603—Blount							
Carson's Hospital	Gen	Indiv	20	..	12	5	180
Memphis, 292,145—Shelby							
Baptist Memorial Hospital[10]	Gen	Church	300	20	620	300	11,770
Collins Chapel Correctional Hospital (col.)[O]	Gen	NPAssn	20	4	4	12	600
Crippled Children's Hospital School	Orth	NPAssn	30	..	..	30	121
Gartly-Ramsay Hospital[9]	Gen	Corp	62	6	75	15	725
Hospital for Crippled Adults	Orth	NPAssn	60	..	..	30	321
Lyndhurst Sanitarium	N&M	Indiv	20	..	..	9	35
Memphis Eye, Ear, Nose and Throat Hospital[9]	ENT	NPAssn	40	..	..	20	1,600
Memphis General Hospital[10]	Gen	City	300	67	1,865	600	14,500
Methodist Hospital[10]	Gen	Church	150	30	777	201	4,451
St. Joseph's Hospital[10]	Gen	Church	200	30	577	94	5,701
U. S. Marine Hospital	Gen	USPHS	104	..	..	63	944
Veterans Admin. Facility	Gen	Vet	450	..	..	545	5,720
Wallace Sanitarium	N&M	Part	30	..	..	25	300
Willis C. Campbell Clinic	Orth	Part	30	..	..	30	707
Morristown, 7,362—Hamblen							
Morristown General Hospital[9]	Gen	NPAssn	25	3	15	11	220
Murfreesboro, 7,502—Rutherford							
Rutherford Hospital	Gen	NPAssn	42	8	96	14	854
Nashville, 181,620—Davidson							
Barr Infirmary[9]	Gen	Indiv	25	..	..	..	..
Central State Hospital	Ment	State	1,700	..	..	1,400	220
City View Sanitarium[9]	N&M	Indiv	65	..	..	22	245
Davidson County Tuberculosis Hospital	TB	County	200	..	..	200	200
Geo. W. Hubbard Hospital of Meharry Medical College (col.)[O]	Gen	NPAssn	147	19	274	69	1,825
Hospital for the Criminal Insane	(Unit of the Central State Hospital)						
Millie E. Hale Hosp. (col.)	Gen	NPAssn	40	10	10	10	244
Nashville General Hospital[10]	Gen	City	275	50	827	170	4,125
Protestant Hospital[9]	Gen	NPAssn	100	12	177	65	1,200
Sweetwater Hospital	Gen	Part	12	4	5	5	210
Related Institutions							
Chattanooga, 119,798—Hamilton							
William L. Bork Memorial Hospital	Ment	County	200	..	..	102	255
Copperhill, 1,402—Polk							
Tennessee Copper Company's Hospital	Indus	Corp	10	..	2	1	12
Donelson, 110—Davidson							
Tennessee Home and Training School for Feebleminded Persons	MeDe	State	200	..	..	625	71
Etowah, 4,920—McMinn							
Etowah Hospital	Gen	Indiv	14	..	No data supplied		
Fayetteville, 5,625—Lincoln							
Lincoln County Hospital	Gen	County	25	2	12	6	275
Fountain Head, 350—Sumner							
Fountain Head Sanitarium and Hospital	Conv	NPAssn	20	2	1	11	84
Knoxville, 105,802—Knox							
Bruce-Leach Infirmary	ENT	Part	6	..	..	..	227
Tennessee School for Deaf	Inst	State	20	..	..	4	202
University of Tennessee Hosp.	Inst	State	25	..	..	4	270
Maryville, 4,603—Blount							
Burchfield's Eye, Ear and Throat Hospital	ENT	Indiv	4	..	..	2	201
Ralph Mox Lamar Memorial Hospital	Inst	NPAssn	15	..	..	..	57
McMinnville, 3,914—Warren							
McMinnville Infirmary	Gen	Indiv	10	2	14	2	62
Memphis, 292,145—Shelby							
Ella Oliver Home	Mat	NPAssn	20	12	11	4	13
Shelby County Hospital	Inst	County	500	..	..	327	600
Monterey, 1,731—Putnam							
Oliver Sanatorium	G&TB	Indiv	12	..	..	6	20
Nashville, 181,620—Davidson							
Davidson County Hospital	Ment	County	600	..	..	535	677
Davidson County Isolation Hospital	Iso	County	20	..	..	7	62
Junior League Home for Crippled Children	Orth	NPAssn	30	..	..	30	30

Key to symbols and abbreviations is on page 1091

TENNESSEE—Continued

Related Institutions	Type of Service	Control	Bassinets	Number of Beds	Number of Patients Admitted	Patients Remaining
Tennessee Industrial School	Inst	State	20	..	..	250
Tennessee State Prison Hosp.	Inst	State	150	..	..	285
Raleigh, 227—Shelby						
Cleverfield Farm Preventorium	TB	CyCo	20	..	..	20 12

Summary for Tennessee:

	Number	Beds	Average Patients	Patients Admitted
Hospitals and sanatoriums	79	11,758	8,852	103,309
Related institutions	20	2,911	2,035	4,773
Totals	99	14,669	10,888	107,942
Refused registration	9	824		

TEXAS

Hospitals and Sanatoriums	Type of Service	Control	Beds	Bassinets	Number of Beds	Patients Admitted	Patients Remaining
Abilene, 23,175—Taylor							
Abilene State Hospital	Epil	State	1,002	..	..	1,041	990
West Texas Baptist Sanit.[9]	Gen	Church	35	9	170	61	2,000
Alice, 4,558—Jim Wells							
Alice Hospital	Gen	Part	14	3	21	5	225
Amarillo, 43,132—Potter							
Northwest Texas Hospital[9]	Gen	County	70	5	120	98	1,849
St. Anthony's Hospital[9]	Gen	Church	100	12	162	16	1,575
Archer City, 1,313—Archer							
Archer Hospital	Gen	Indiv	16	4	21	6	300
Austin, 53,120—Travis							
Austin State Hospital	Ment	State	2,167	..	..	2,192	2,200
Breckenridge, 5,814—Stephens							
Breckenridge Hospital[9]	Gen	City	115	15	162	70	1,065
St. David's Hospital[9]	Gen	Church	60	6	81	21	1,321
Seton Infirmary[9]	Gen	Church	100	10	157	82	2,160
Ballinger, 4,127—Runnels							
Hadley and Love Sanitarium	Gen	Part	25	5	No data supplied		
Bastrop, 1,855—Bastrop							
T. A. Orgain Memorial Hosp.	Gen	NPAssn	14	2	17	5	284
Bay City, 4,070—Matagorda							
Dr. Loos' Hospital	Gen	Indiv	13	6	22	9	105
Beaumont, 57,732—Jefferson							
Hotel Dieu Hospital[9]	Gen	Church	175	12	300	72	2,470
Jefferson County Tuberculosis Hospital	TB	County	82	..	..	77	84
Jefferson County Tuberculosis Hospital (Col.)	TB	County	20	..	..	19	42
St. Therese Hospital	Gen	Church	125	12	135	89	1,579
Belton, 3,779—Bell							
Belton General Hospital	Gen	Part	14	4	No data supplied		
Big Spring, 13,725—Howard							
Big Spring Hospital	Gen	Corp	35	10	62	10	926
Byrings Hospital	Gen	Indiv	19	6	13	3	216
Bonham, 5,655—Fannin							
S. R. Allen Memorial Hosp.[9]	Gen	NPAssn	28	4	35	10	620
Borger, 6,332—Hutchinson							
North Plains Hospital	Gen	County	20	4	124	6	600
Bowie, 3,121—Montague							
Bowie Clinic Hospital	Gen	Corp	15	5	5	4	173
Brackettville, 1,602—Kinney							
Station Hospital	Gen	Army	20	1	21	10	325
Brady, 5,023—McCulloch							
Brady Hospital[9]	Gen	Part	45	5	62	14	675
Breckenridge, 7,533—Stephens							
West Side Hospital	Gen	Corp	25	3	10	..	..
Brenham, 5,076—Washington							
St. Francis Hospital	Gen	Church	35	3	55	9	453
Sarah B. Mirey Memorial Hospital	Gen	Corp	25	2	17	7	402
Brownsville, 22,021—Cameron							
Mercy Hospital	Gen	Church	80	..	62	15	670
Valley Hospital	Gen	Army	30	2	15	10	302
Brownwood, 12,793—Brown							
Central Texas Hospital	Gen	Corp	30	3	30	16	1,140
Medical Arts Hospital	Gen	Corp	22	4	20	12	742
Stamm General Hospital	Gen	Indiv	16	4	40	10	400
Bryan, 7,216—Brazos							
Wilkerson Memorial Clinic	Gen	Indiv	10	2	10	7	260
Cameron, 4,345—Milam							
Cameron Hospital[9]	Gen	Part	30	4	62	32	714
Canadian, 3,629—Hemphill							
Canadian Hospital	Gen	Indiv	10	3	16	4	140
Center, 2,519—Shelby							
Center Sanitarium	Gen	Indiv	12	1	10	2	120
Warren Hospital	Gen	Part	12	1	4	3	110
Childress, 7,162—Childress							
Jetur-Touraeod Hospital	Gen	Part	25	2	12	5	125
Cisco, 6,627—Eastland							
Graham Sanitarium	Gen	Indiv	25	4	60	7	1,350
Cleburne, 11,529—Johnson							
Cleburne Sanitarium	Gen	Indiv	20	5	50	..	160
Coleman, 6,076—Coleman							
Overall Memorial Hospital	Gen	CyCo	40	2	21	6	300
Colorado, 4,671—Mitchell							
C. L. Root Hospital	Gen	Indiv	20	3	27	6	576
Cuero, 5,427—Montgomery							
Mary Wrain Sanitarium	Gen	Part	18	4	30	2	210
Corpus Christi, 27,741—Nueces							
Fred Roberts Memorial Hosp.[9]	Gen	NPAssn	61	10	71	19	1,514
Medical-Professional Hospital	Gen	Corp	24	4	..	15	1,562
Spohn Hospital	Gen	Church	50	12	122	30	1,350

TEXAS—Continued

Hospitals and Sanatoriums	Type of Service	Control	Beds	Bassinets	Number of Beds	Patients Admitted	Patients Remaining
Corsicana, 15,698—Navarro							
Corsicana Hosp. and Clinic	Gen	Corp	20	1	5	1	167
Navarro Clinic Hospital	Gen	Part	20	4	12	5	267
Physicians and Surgeons Hosp.	Gen	County	25	7	20	9	180
Cuero, 4,073—De Witt							
Nurse Hospital	Gen	Church	25	2	20	15	225
Lutheran Hospital	Gen	Church	25	2	9	5	65
Dallas, 260,475—Dallas							
Baylor University Hosp.[9][10]	Gen	Church	200	44	1,000	250	11,301
Bradford Memorial Hospital for Babies[9]	Chl	NPAssn	60	8	..	29	991
Carrel-Driver-Girard Clinic and Dallas Orthopedic Hospital	Orth	Corp	20	..	..	10	200
Dallas Medical and Surgical Clinic Hospital	Gen	Part	27	..	..	17	425
Dallas Methodist Hospital[9]	Gen	Church	82	15	451	67	2,200
Medical Arts Hospital[9]	Gen	Indiv	22	..	..	17	1,000
Parkland Hospital[9]	Gen	CyCo	350	35	1,450	325	7,771
Pinkston Clinic (col.)	Gen	Indiv	20	3	7	3	267
Sanitary Clinic and Sanitarium	Gen	Indiv	30	3	30	7	1,000
St. Paul's Hospital[9]	Gen	Church	271	70	330	147	5,613
Texas Scottish Rite Hospital for Crippled Children[9]	Orth	Frat	60	..	..	37	625
Thurberson Sanitarium	Gen	Corp	40	..	..	15	151
Woodlawn Sanatorium	Gen	CyCo	110	..	..	104	120
Denison, 13,826—Grayson							
Denison City Hospital	Gen	NPAssn	25	2	60	9	447
M. K. T. Railroad Employees Hospital	Indus	NPAssn	65	..	..	25	600
Denton, 9,327—Denton							
Denton Hospital and Clinic	Gen	Part	22	4	47	10	300
Edinburg, 4,851—Hidalgo							
Fenton-Byers Clinic Hospital	Gen	Indiv	20	12	17	7	210
Electra, 6,725—Wichita							
Farmer-Ogden Hospital	Gen	Part	24	5	35	3	197
El Paso, 102,421—El Paso							
El Paso City-County Hosp.[9]	Gen	CyCo	130	8	312	110	2,856
El Paso Masonic Hospital[9]	Gen	Frat	30	16	No data supplied		
Hendricks-Love Sanatorium	TB	Part	25	..	..	22	92
Homan Sanatorium[9]	TB	Corp	150	..	..	60	225
Hotel Dieu, Sisters Hospital[9]	Gen	Church	100	25	275	54	2,625
Long Sanatorium	TB	Indiv	40	..	..	28	130
Price Sanatorium	TB	Indiv	30	..	..	20	82
Providence Hospital	Gen	Indiv	40	5	30	12	600
St. Joseph's Sanatorium[9]	TB	Church	75	..	..	14	120
Southern Baptist Sanatorium	TB	Church	30	..	..	20	84
William Beaumont General Hospital[9]	Gen	Army	312	7	80	172	2,805
Floresville, 1,531—Wilson							
Oxford-Archer Hospital	Gen	Part	10	1	5	2	101
Ft. Worth, 163,477—Tarrant							
All Saints Episcopal Hospital	Gen	Church	85	15	140	14	740
Arlington Heights Sanitarium	H&M	Corp	40	..	..	25	65
Baptist Hospital	Gen	Church	60	12	No data supplied		
City and County Hospital[9]	Gen	CyCo	150	15	647	80	1,840
W. L. Cook Memorial Hospital	Gen	NPAssn	25	6	30	10	720
Ft. Worth Children's Hosp.[9]	Chl	NPAssn	50	..	..	30	1,200
Harris Clinic Hospital[9]	Gen	Indiv	20	10	20	20	1,665
Methodist Hospital[9]	Gen	Church	165	22	317	70	1,941
St. Joseph's Hospital[9]	Gen	Church	165	17	210	77	2,517
Freeport, 3,183—Brazoria							
Freeport Hospital	Gen	Corp	14	5	20	8	1,323
Galveston, 52,938—Galveston							
Galveston State Psychopathic Hospital	Ment	State	25	..	..	21	225
John Sealy Hospital[9][10]	Gen	City	250	24	400	225	5,744
St. Mary's Infirmary[9]	Gen	Church	130	15	231	110	2,554
Station Hospital	Gen	Army	25	..	..	10	250
U. S. Marine Hospital	Gen	USPHS	102	..	..	40	2,551
Georgetown, 2,556—Williamson							
Martin Hospital	Gen	Part	25	4	60	5	225
Gilmer, 1,952—Upshur							
Elmwood Sanitarium	Gen	Indiv	16	2	20	4	150
Oaklawn Sanitarium	Gen	Indiv	15	..	10	3	200
Gonzales, 5,898—Gonzales							
Holmes Hospital	Gen	Corp	25	4	15	10	255
Gorman, 1,154—Eastland							
Blackwell Sanitarium	Gen	Part	25	12	65	10	1,000
Graham, 4,201—Young							
Graham Hospital	Gen	NPAssn	16	2	21	12	300
Greenville, 12,697—Hunt							
Dr. E. F. Burton's Hospital	Surg	Indiv	16	..	5	6	205
Groesbeck, 3,452—Limestone							
Dr. Cox's Hospital	Gen	Indiv	12	2	10	3	164
Gulf, 725—Matagorda							
Texas Gulf Sulphur Company Hospital	Gen	Corp	14	2	12	3	70
Hallettsville, 1,466—Lavaca							
Berger Hospital	Gen	Indiv	15	3	7	4	125
Hamilton, 2,504—Hamilton							
Hamilton Sanitarium	Gen	Corp	20	4	20	12	625
Harlingen, 12,124—Cameron							
Valley Baptist Hospital	Gen	Church	25	4	60	12	602
Henderson, 3,822—Rusk							
Henderson Hospital	Gen	Corp	20	4	42	12	700
Hereford, 2,426—Deaf Smith							
Deaf Smith County Hospital	Gen	County	12	4	21	4	177
Hillsboro, 7,220—Hill							
Boyd Sanitarium	Gen	Indiv	15	2	15	5	215
Houston, 292,352—Harris							
Dr. Greenwood's Sanitarium	H&M	Corp	25	..	..	25	75
Heights Clinic Hospital	Gen	Corp	12	1	15	12	600
Hermann Hospital[9][10]	Gen	NPAssn	157	15	300	157	5,000
Houston Eye, Ear, Nose and Throat Hospital	ENT	Corp	22	..	..	8	1,004

Key to symbols and abbreviations is on page 1031

V 19

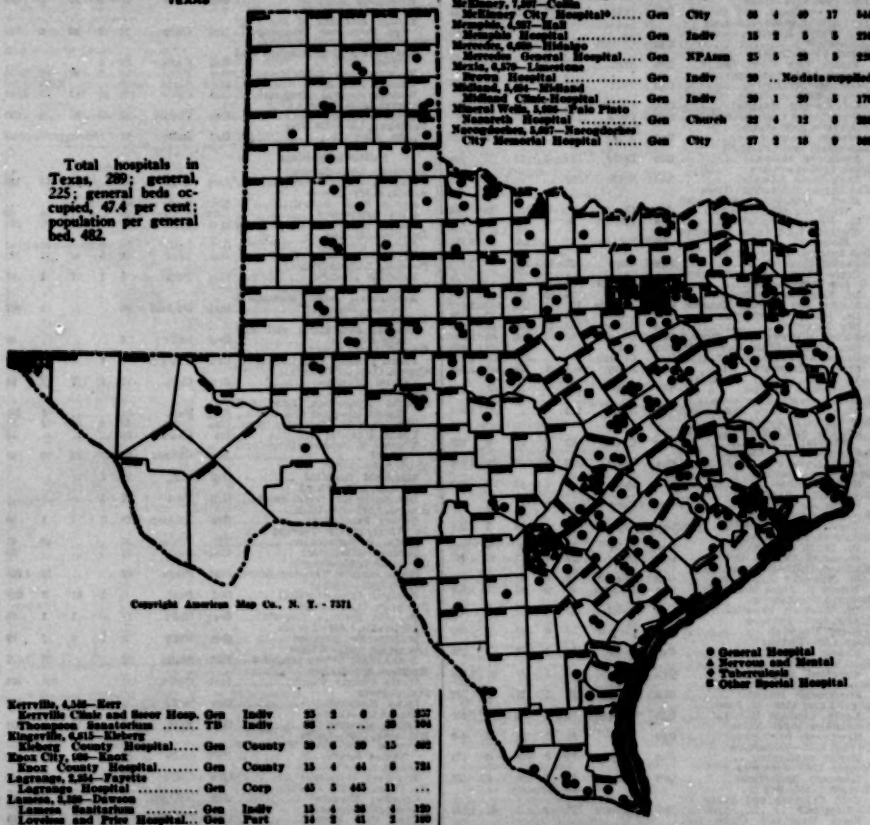
TEXAS—Continued

Hospitals and Sanatoriums	Type of Hospital	Control	Bassinets	Beds and Cribs	Bassinets	Admissions	Patients Admitted
Houston Negro Hospital	Gen	NPAssn	20	4	14	0	233
Houston Tuberculosis Hosp.	TB	CyCo	172	..	..	168	172
Jefferson Davis Hospital[9]	Gen	CyCo	165	17	1,500	774	5,973
Memorial Hospital[9]	Gen	Church	170	21	1,976	184	5,411
Methodist Hospital[9]	Gen	Church	97	30	283	62	2,388
Park View Hospital	Gen	Corp	101	4	69	11	602
St. Joseph's Infirmary[9]	Gen	Church	207	15	720	120	4,000
Southern Pacific Hospital	Indus	NPAssn	144	..	..	68	1,000
Turner Urological Institute	Uro	Part	16	..	No data supplied		
Jacksonville, 6,126—Cherokee							
Nan Travis Memorial Hospital	Gen	NPAssn	25	5	67	16	1,000
Jasper, 5,826—Jasper							
Hardy-Hancock Hospital	Gen	Part	15	..	No data supplied		
Kelly Field—Bexar							
Station Hospital	Gen	Army	20	..	..	17	840

TEXAS—Continued

Hospitals and Sanatoriums	Type of Hospital	Control	Bassinets	Beds and Cribs	Bassinets	Admissions	Patients Admitted
Hurst Eye, Ear, Nose and Throat Hospital	EENT	Indiv	11	..	..	3	220
Markham Sanitarium	Gen	Indiv	10	1	40	10	300
Lubbock, 25,859—Lubbock							
Lubbock Sanitarium[9]	Gen	Part	20	10	72	22	1,402
West Texas Hospital[9]	Gen	Corp	60	6	72	30	1,812
Lufkin, 7,311—Angelina							
Angelina County Hospital	Gen	County	25	5	70	25	607
Marfa, 2,320—Falls							
Rain-Allen Hospital	Gen	Indiv	21	2	12	14	600
Snow Clinic and Hospital	Gen	Indiv	10	2	37	8	122
Torbett Sanatorium and Diagnostic Clinic	Gen	Indiv	27	4	10	15	812
Marshall, 14,508—Harrison							
Kahn Memorial Hospital	Gen	NPAssn	20	7	..	..	....
McAllen, 5,074—Hidalgo							
McAllen Municipal Hospital[9]	Gen	City	65	8	65	12	370
McKinney, 7,527—Collin							
McKinney City Hospital[9]	Gen	City	45	4	40	17	544
Memphis, 4,567—Hall							
Memphis Hospital	Gen	Indiv	15	2	5	5	256
Mercedes, 6,628—Hidalgo							
Mercedes General Hospital	Gen	NPAssn	25	5	20	5	220
Mexia, 6,576—Limestone							
Brown Hospital	Gen	Indiv	20	..	No data supplied		
Midland, 4,464—Midland							
Midland Clinic-Hospital	Gen	Indiv	20	1	20	5	170
Mineral Wells, 3,626—Palo Pinto							
Nesmith Hospital	Gen	Church	22	4	12	8	225
Nacogdoches, 5,667—Nacogdoches							
City Memorial Hospital	Gen	City	27	2	10	9	340

TEXAS



Total hospitals in Texas, 289; general, 225; general beds occupied, 47.4 per cent; population per general bed, 482.

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● General Hospital
▲ Nervous and Mental
◆ Tuberculosis
■ Other Special Hospital

Kerrville, 4,348—Kerr							
Kerrville Clinic and Sanat. Hosp.	Gen	Indiv	25	2	6	2	227
Thompson Sanatorium	TB	Indiv	65	..	..	25	104
Kingsville, 6,615—Kleberg							
Kleberg County Hospital	Gen	County	20	6	20	15	462
Knox City, 1,026—Knox							
Knox County Hospital	Gen	County	15	4	44	8	721
Lagrange, 2,254—Fayette							
Lagrange Hospital	Gen	Corp	45	5	445	11	....
Lamesa, 5,426—Dawson							
Lamesa Sanitarium	Gen	Indiv	15	4	26	4	120
Loveless and Price Hospital	Gen	Part	14	2	41	2	160
Laredo, 82,616—Webb							
Mercy Hospital[9]	Gen	Church	80	6	57	25	830
Station Hospital	Gen	Army	25	..	..	9	200
Lenton, 810—Kerr							
Veterans Admin. Facility	G&TB	Vet	400	..	..	325	600
Livingston, 1,105—Polk							
Bergman Hospital	Gen	Indiv	10	2	13	4	204
Lockhart, 4,327—Caldwell							
Lockhart Sanitarium	Gen	NPAssn	20	1	No data supplied		
Longview, 5,959—Gregg							
Adams-Farrar Hospital	Gen	Part	12	4	45	4	220

Navasota, 4,125—Grimes							
Brazos Valley Sanitarium	Gen	Corp	15	4	25	7	334
New Braunfels, 6,245—Comal							
Comal Sanitarium	Gen	Indiv	20	..	..	..	200
New Braunfels Hospital	Gen	City	14	3	14	8	200
Newgulf—Wharton							
Texas Gulf Sulphur Company Hospital	Gen	Corp	24	3	64	8	225
Olney, 4,338—Young							
Hamilton Hospital	Gen	City	20	2	20	10	240

Key to symbols and abbreviations is on page 1091

TEXAS—Continued

Hospitals and Sanatoriums	Registered	Control	Class	Beds	Bassinets	Nurses	Interns	Patients Admitted
Orange, 7,912—Orange								
Frances Ann Lutcher Hospital	Gen	Indiv		20	10	20	11	265
Parkside, 5,000, Cottle								
W. Q. Richards Memorial Hosp.	Gen	City		20	10	40	12	450
Palestine, 11,426—Anderson								
Missouri Pacific Lines Hosp.	Gen	NPAssn		75	2	5	24	900
Palestine Sanitarium	Gen	Corp		24	2	27	6	382
Semph-DuPuy Hospital and Clinic	Gen	Corp		12	2	20	8	250
Pampa, 10,470—Gray								
Worley Memorial Hospital	Gen	Indiv		24	8	120	17	1,117
Paris, 14,455—Lamar								
Lamar County Hospital	Gen	County		20	7	20	10	214
St. Joseph's Infirmary	Gen	Church		60	6	45	12	552
Sanitarium of Paris	Gen	Corp		62	4	32	10	1,258
Pecos, 5,504—Reeves								
Camp and Camp Hospital	Gen	Fed		20	4	40	8	276
Pinkerton, 1,000—Polk								
Pinkerton Health and Clinic	Gen	Indiv		45	6	42	21	1,121
Port Arthur, 10,000—Jefferson								
St. Mary's Hospital, Gotes Hermicio	Gen	Church		120	10	100	40	1,707
Prairie View—Waller								
Prairie View Hosp. (col.)	Gen	State		32	2	8	19	1,434
Quanah, 4,441—Hardeman								
Quanah Hospital	Gen	Fed		24	6	24	19	691
Ranger, 6,500—Eastland								
City-County Hospital	Gen	CyCo		40	2	20	10	250
West Texas Clinic Hospital	Gen	Corp		25	2	22	10	275
Rangerado, 1,000—Starr								
Station Hospital	Gen	Army		20	..	17	2	200
Rauenberg, 1,021—Ft. Bend								
Rauenberg Hospital	Gen	Indiv		14	1	15	2	200
Rusk, 1,500—Cherokee								
Rusk State Hospital	Ment	State		1,867	..	..	1,000	411
San Angelo, 20,325—Tom Green								
Rust, Schaffer, Wall and Whitehead Clinic-Hospital	Gen	Corp		22	4	175	15	992
St. John's Hospital	Gen	Church		25	5	42	15	416
Shannon West Texas Memorial Hospital	Gen	NPAssn		84	6	155	45	2,402
San Antonio, 231,542—Bexar								
Baylor Hospital	Gen	Corp		125	15	105	28	1,661
Grace Lutheran Sanatorium for Tuberculosis	TB	Church		20	..	..	2	31
Dr. Kenny's Sanatorium	Gen	Indiv		75	12	12	6	150
Medical and Surgical Hosp.	Gen	NPAssn		100	13	100	41	1,712
Dr. Moody's Sanitarium	N&M	Corp		25	..	..	..	110
Nix Hospital	Gen	Corp		160	24	225	62	2,550
Robert B. Green Memorial Hosp.	Gen	County		200	10	114	28	2,000
San Antonio State Hospital	Ment	State		2,321	..	..	1,400	552
Santa Rosa Hospital	Gen	Church		262	41	215	69	2,512
Station Hospital	Gen	Army		650	14	288	440	5,000
Woodmen of the World War Memorial Hospital	TB	Fral		100	..	..	101	110
Sanatorium, 400—Tom Green								
State Tuberculosis Sanatorium	TB	State		725	..	..	602	1,044
San Marcos, 4,134—Hays								
Baldwin and Baldwin Memorial Hospital	Gen	CyCo		25	2	15	6	220
Santa Anna, 1,000—Coleman								
Daily Hospital	Gen	Indiv		20	4	40	21	1,075
Scally, 1,000—Wilson								
Scally Hospital	Gen	Indiv		9	2	10	2	172
Seguin, 5,527—Guadalupe								
Seguin Hospital	Gen	Corp		20	2	21	3	200
Sergeant, 5,000—Baylor								
Baylor County Hospital	Gen	County		15	4	25	8	204
Shamrock, 2,500—Wheeler								
Dr. Roach Hospital	Gen	Indiv		15	2	75	5	200
Shamrock General Hospital	Gen	Indiv		20	4	25	10	221
Sherman, 13,719—Grayson								
St. Vincent's Sanitarium	Gen	Church		75	8	60	22	887
Wilson N. Jones Hospital	Gen	NPAssn		65	6	60	21	1,283
Slaton, 1,373—Lubbock								
Dr. Wagner's Hospital	Gen	Indiv		15	2	8	7	221
Slaton, 2,376—Lubbock								
Mercy Hospital	Gen	Church		20	6	20	6	220
Spur, 1,200—Dickens								
Nichols Sanitarium	Gen	Indiv		20	4	7	5	216
Stamford, 4,625—Jones								
Stamford Sanitarium	Gen	Corp		60	5	67	21	1,045
Stephenville, 3,045—Erath								
Stephenville Hospital	Gen	Corp		20	1	15	9	332
Sweet Land, 2,012—Ft. Bend								
Louis Edelman Hospital	Gen	NPAssn		20	4	20	10	400
Sweetwater, 10,825—Nolan								
Sweetwater Sanitarium	Gen	Indiv		25	6	20	6	470
Taylor, 7,662—Williamson								
Taylor Sanitarium	Gen	Corp		15	2	15	6	724
Temple, 8,599—Bell								
Davidson Sanitarium	Gen	Indiv		20	4	15	8	482
Texarkana, 15,345—Bowie								
Gold, Colcords and Santa Fe Hospital	Gen	Indus		120	..	..	45	1,840
Kings Daughters Clinic and Hospital	Gen	NPAssn		110	8	27	20	1,127
Scott and White Hospital	Gen	Corp		160	6	70	27	1,284
Woodmen Eye, Ear, Nose and Throat Hospital	ENT	Fral		14	..	..	No data supplied	
Terrell, 6,700—Kaufman								
Alexander Hospital	Gen	Fed		20	2	25	10	600
Terrell State Hospital	Ment	State		1,200	..	..	2,120	227
Texarkana, 10,482—Bowie								
Texarkana Hospital	Gen	Corp		40	5	42	15	625
Tyler, 17,112—Smith								
Bryant Clinic and Sanitarium	Gen	Indiv		10	2	..	Rev	...

TEXAS—Continued

Hospitals and Sanatoriums	Registered	Control	Class	Beds	Bassinets	Nurses	Interns	Patients Admitted
Vernon, 5,127—Wilbarger								
King Hospital and Maternity Home	Gen	Indiv		25	6	60	14	650
Moore Brothers' Hospital	Gen	Part		15	2	..	7	...
Vernon Sanitarium	Gen	Indiv		25	2	..	..	...
Victoria, 7,423—Victoria								
Victoria Hospital	Gen	Corp		30	6	35	7	300
Von Ormy, 215—Bexar								
Von Ormy Cottage Sanatorium	TB	Corp		60	..	..	35	0
Waco, 52,848—McLennan								
Central Texas Baptist Sanit.	Gen	Church		75	10	111	29	1,500
Colgin Hospital and Clinic	Gen	Corp		12	2	No data supplied		
Providence Sanitarium	Gen	Church		125	9	200	35	2,000
Veterans Administration	Ment	Vet		254	..	..	35	120
Waxahachie, 6,848—Ellis								
Waxahachie Sanitarium	Gen	Corp		20	4	14	15	225
Wellington, 2,500—Collingsworth								
Wellington Hospital	Gen	Indiv		15	2	20	2	200
Whitewright, Hendrick								
Pender Hospital of the Pilot Point Sanitarium	Gen	Corp		12	2	20	2	225
Wichita Falls, 40,000—Wichita								
Hargrave-Walker Hospital and Clinic	Gen	Corp		20	6	..	..	...
Wichita Falls Clinic-Hospital	Gen	Part		72	5	50	20	1,120
Wichita Falls State Hospital	Ment	State		2,000	..	..	2,000	220
Wichita General Hospital	Gen	CyCo		120	11	200	28	2,200
Yoakum, 3,500—Lavaca								
Huth Memorial Hospital	Gen	Church		25	10	25	6	200
Yorktown, 1,500—De Witt								
Allen Hospital	Gen	Indiv		11	2	No data supplied		
Related Institutions								
Arlington, 5,001—Tarrant								
Baptist Tar. Hospital	Inst	Fral		25	..	..	15	160
Austin, 34,129—Travis								
Austin State School	MrDe	State		1,140	..	..	..	...
Oaks Sanitarium	N&M	Corp		25	..	..	3	25
Texas Confederate Home Hosp.	Inst	State		150	..	..	62	200
Danville, 4,000—Bee								
Danville Hospital	Gen	Indiv		20	2	No data supplied		
Thomas Memorial Hospital	Gen	Fral		20	4	41	10	552
Hallsville, 1,829—Harrison								
Hallsville Hospital	Gen	Fral		8	1	7	1	101
College Station, 40—Brazos								
Agricultural and Mechanical College Hospital	Inst	NPAssn		90	..	..	6	977
Comfort, 718—Kendall								
Hillcrest Sanitarium and Private Hospital	Gen	Indiv		4	..	..	..	60
Cuero, 5,482—DeWitt								
Cuero County Hospital	Gen	NPAssn		8	1	6	1	60
Crystal City, 4,600—Zavala								
Crystal Hospital	Gen	Corp		12	2	7	2	80
Dallas, 158,976—Dallas								
Jones Eye, Ear, Nose and Throat Hospital and Clinic	ENT	Fral		11	..	..	1	67
"The Cedars" Maternity Sanit.	Mat	Indiv		20	3	27	4	92
Union Hospital	Ins	CyCo		35	..	..	..	10
Virginia K. Johnson Home and School		Church		22	10	22	10	61
Ennis, 7,000—Ellis								
Ennis Hospital	Gen	City		20	2	..	..	...
Floydada, 5,487—Floyd								
Drs. Smith and Smith Sanit.	Gen	Fral		20	7	..	..	...
Forney, 1,536—Kaufman								
Forney Sanitarium	Gen	NPAssn		25	5	7	1	80
Ft. Worth, 106,482—Tarrant								
Harwood Sanatorium	TB	CyCo		20	..	..	40	61
Howard Sanitarium	Conv	Fral		20	..	..	..	25
Gainesville, 5,000—Cooke								
State Juvenile Training School	Inst	State		32	..	..	10	2,000
Gilmer, 1,500—Upshur								
England Clinic-Hospital	Gen	Fral		8	2	21	2	200
Greenville, 12,000—Hunt								
Dr. Joe Hart's Hospital	Surg	Indiv		17	..	1	1	61
Hallettsville, 1,500—Lavaca								
Hallettsville Hospital	Gen	Indiv		8	1	6	2	80
Huntsville, 1,500—Walker								
Texas State Prison Hospital	Inst	State		42	..	..	32	1,670
Huntsville, 1,500—Walker								
Dallas County Farm	Inst	CyCo		542	..	..	322	160
Iraan—Pecos								
Iraan Hospital	Gen	Indiv		10	2	21	2	150
Leming, 1,500—Caldwell								
Leming Hospital	Gen	Part		16	4	12	2	200
McKinney, 7,297—Collin								
Burton Eye, Ear, Nose and Throat Sanitarium	ENT	Indiv		12	..	..	2	200
Midland, 5,484—Midland								
Mid-West Hospital-Clinic	Gen	Indiv		8	2	22	2	160
Mt. Vernon, 1,223—Franklin								
Crosbie Hospital	Gen	NPAssn		10	2	2	2	70
Nixon, 1,627—Gonzales								
Cyrus Vinz Hospital	Gen	Indiv		8	..	8	2	110
Pearsall, 1,500—Frio								
J. E. Buell's Duty Hospital	Gen	Indiv		10	2	12	2	110
Pecos, 5,504—Reeves								
Pecos Sanitarium	Gen	Indiv		6	2	42	2	200
Pelsor, 1,500—Atascosa								
Community Hospital	Gen	Indiv		7	1	6	1	80
San Antonio, 231,542—Bexar								
Dr. Farmer's Sanatorium	TB	Indiv		20	..	..	10	40
Medical Arts Hospital	Gen	Corp		30	4	45	15	1,200
Physicians and Surgeons Hospital	Gen	Corp		65	10	107	27	1,200

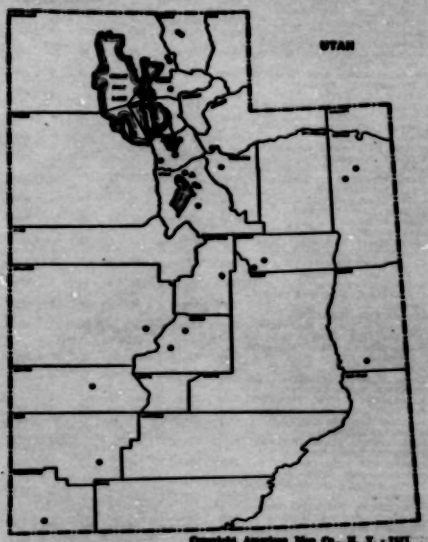
Key to symbols and abbreviations is on page 1031

TEXAS—Continued

Related Institutions	Type Hosp	Control	Beds	Bassinets	Total Admissions	Average Patients	Patients Admitted
Salvation Army Women's Home and Hospital	Mat	Church	10	10	44	3	77
Station Hospital	Gen	Army	14	..	..	..	...
South Houston—Harris							
South Houston Infirmary	Gen	Pvt	210	6	..	Rev	...
Spearman, 6—Hansford							
Hansford County Home for the Aged and Hansford County Tu-berculosis Colony	Inst'T	County	72	..	..	70	68
Stevens, 1,426—Palo Pinto							
Stevens Hospital	Gen	Pvt	12	2	12	1	51
Stinnett Brothers, 1,617—Hopkins							
Lowe's Hospital	Gen	Ind'v	15	..	..	..	...
Taylor, 7,426—Williamson							
Dr. Kline-Taylor's Sanitarium	Gen	Indiv	5	2	24	..	69
Tulia, 1,646—Swisher							
Swisher County Hospital	Gen	County	14	4	30	3	127
Wichita Falls, 43,690—Wichita							
Dr. Wynn's Sanitarium	N&M	Corp	20	..	..	7	65
Wilson, 1,458—Lubbock							
Wilson Sanitarium	Gen	Pvt	10	..	6	1	89

Summary for Texas:

	Number	Beds	Average Patients	Patients Admitted
Hospitals and sanatoriums	241	17,625	10,525	337,425
Related institutions	45	1,772	1,077	14,254
Totals	286	19,397	11,702	351,679
Refused registration	12	625		



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● General Hospital ✚ Tuberculosis
▲ Nervous and Mental ■ Other Special Hospital

Total hospitals in Utah, 34; general, 26; general beds occupied, 53.3 per cent; population per general bed, 319.

UTAH

Hospitals and Sanatoriums	Type Hosp	Control	Beds	Bassinets	Total Admissions	Average Patients	Patients Admitted
Bingham Canyon, 3,502—Salt Lake							
Bingham Canyon Hospital	Gen	Indiv	40	6	11	11	220
Brigham, 4,462—Box Elder							
Cowley Hospital	Gen	Indiv	10	1	40	5	154
Cedar City, 3,462—Iron							
Iron County Hospital	Gen	County	15	10	102	12	420
Ft. Douglas—Salt Lake							
Station Hospital	Gen	Army	20	..	..	20	280
Ft. Duchesne, 150—Uintah							
Uintah and Ouray Agency Indian Hospital	Gen	I A	10	1	20	12	212
Heber, 1,477—Wasatch							
Heber Hospital	Gen	Pvt	12	4	12	4	92

UTAH—Continued

Hospitals and Sanatoriums	Type Hosp	Control	Beds	Bassinets	Total Admissions	Average Patients	Patients Admitted
Lehi, 3,522—Utah							
Lehi Hospital	Gen	Indiv	10	6	45	5	421
Logan, 8,078—Cache							
Cache Valley General Hospital	Gen	NPAss	20	8	150	20	640
William Budge Memorial Hospital[9]	Gen	NPAss	40	12	197	20	1,510
Moab, 1,225—Grand							
Grand County Public Hospital	Gen	County	10	4	32	4	200
Ogden, 40,272—Weber							
Thomas D. Dee Memorial Hospital[9]	Gen	Church	125	20	967	111	3,991
Park City, 4,164—Summit							
Park City Miners' Hospital	Gen	NPAss	20	10	20	12	440
Price, 4,064—Carbon							
Price City Hospital	Gen	City	25	..	5	17	275
Provo, 14,768—Utah							
Alpf Hospital	Gen	Pvt	12	..	2	2	242
Utah State Hospital	Nerv	State	1,227	..	..	825	188
St. George, 2,061—Washington							
Washington County Hospital	Gen	NPAss	25	4	66	5	202
Salina, 1,241—Sevier							
Salina Hospital	Gen	Indiv	20	4	41	4	200
Salt Lake City, 149,934—Salt Lake							
Dr. W. H. Groves Latter-Day Saints' Hospital[9]	Gen	Church	225	60	1,625	167	4,500
Holy Cross Hospital[9]	Gen	Church	225	45	976	83	2,500
Primary Children's Hospital	Chl	Church	50	..	..	30	1,250
St. Mark's Hospital[9]	Gen	Church	125	12	525	80	1,510
Salt Lake General Hospital	Gen	County	225	25	700	170	5,500
Shriners Hospital for Crippled Children	Orth	Frat	20	..	..	20	65
Veterans Admin. Facility	Gen	Vet	200	..	..	84	711
Vernal, 1,744—Uintah							
Vernal Hospital	Gen	Indiv	11	..	32	4	120

Related Institutions

American Fork, 2,647—Utah							
Utah State Training School	MrDr	State	225	..	..	222	20
Brigham, 4,462—Box Elder							
P-arm Private Hospital	Gen	Indiv	6	2	..	..	...
Fillmore, 1,274—Millard							
Fillmore Hospital	Gen	Indiv	6	..	..	1	25
Hiawatha, 600—Carbon							
U. S. Fuel Company Hospital	Gen	Corp	10	1	10	8	90
Milford, 1,817—Beaver							
Milford Hospital	Gen	Indiv	10	4	22	2	60
Murray, 5,172—Salt Lake							
Ostermoor Stake Maternity Hospital	Mat	Church	20	15	241	7	240
Richfield, 2,627—Sevier							
Richfield General Hospital	Gen	Indiv	8	..	..	2	20
Salt Lake City, 149,934—Salt Lake							
Hospital View Sanatorium	N&M	Indiv	5	..	..	2	20
Spanish Fork, 3,727—Utah							
Hughes Memorial Hospital	Gen	Indiv	8	2	15	5	120

Summary for Utah:

	Number	Beds	Average Patients	Patients Admitted
Hospitals and sanatoriums	25	2,719	1,695	38,484
Related institutions	9	389	324	718
Totals	34	3,108	2,119	39,202
Refused registration	0			

VERMONT

Hospitals and Sanatoriums

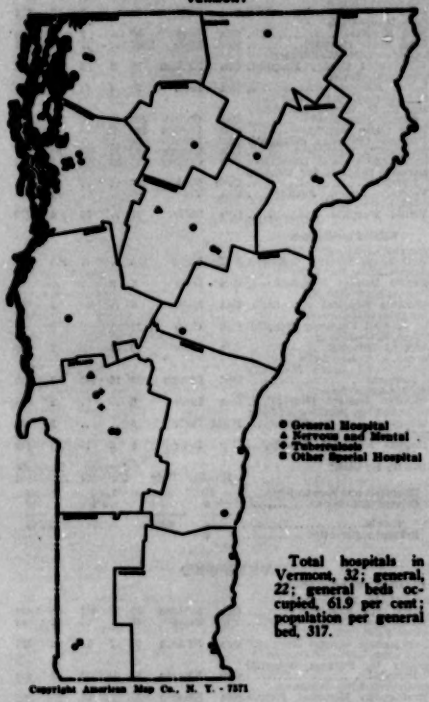
Barre, 11,587—Washington							
Barre City Hospital[9]	Gen	NPAss	30	12	172	20	1,112
Washington County Sanat.	TB	State	47	..	..	41	62
Bellows Falls, 3,566—Windham							
Rockingham General Hospital[9]	Gen	NPAss	30	7	70	25	725
Bennington, 7,326—Bennington							
Henry H. Putnam Memorial Hospital	Gen	NPAss	60	20	173	20	862
Brattleboro, 5,—Windham							
Brattleboro Memorial Hosp.[9]	Gen	NPAss	35	5	25	25	967
Brattleboro Retreat	Ment	NPAss	700	..	..	650	257
Burlington, 24,789—Chittenden							
Bishop De Goesbriand Hosp.[9]	Gen	Church	112	10	100	70	2,022
Green Mountain Sanatorium	Gen	Indiv	11	..	..	7	120
Lakeview Sanatorium	N&M	Corp	20	..	..	10	20
Mary Fletcher Hospital[9]	Gen	NPAss	125	15	200	110	4,710
Ft. Ethan Allen, 125—Chittenden							
Station Hospital	Gen	Army	62	..	2	51	1,400
Hardwick, 1,627—Caledonia							
Hardwick Hospital	Gen	NPAss	12	..	32	5	160
Middlebury, 2,020—Addison							
Porter Memorial Hospital	Gen	NPAss	45	10	42	10	322
Montpelier, 7,837—Washington							
Heaton Hospital[9]	Gen	NPAss	70	8	145	47	1,452
Morrisville, 1,202—Lamoille							
Copley Hospital	Gen	NPAss	21	5	30	14	414
Newport, 5,264—Orleans							
Orleans County Memorial Hospital[9]	Gen	NPAss	25	6	61	13	424
Proctorsville, 651—Windsor							
Vermont Sanatorium	TB	State	80	..	..	72	74
Proctor, 2,445—Rutland							
Proctor Hospital	Gen	NPAss	21	7	22	6	272
Randolph, 1,622—Orange							
Gifford Memorial Hospital[9]	Gen	NPAss	30	10	35	24	620

Key to symbols and abbreviations is on page 1024

VERMONT—Continued

Hospitals and Sanatoriums	Type of Service	Control	Bassinets	Beds	Cribs	Total Personnel	Average Patients	Patients Admitted
Rutland, 17,321—Rutland								
Brightview Private Hospital	Gen	Indiv	13	7	67	3	101	
Rutland Hospital*	Gen	Corp	110	50	350	60	2,212	
St. Albans, 6,582—Franklin								
St. Albans Hospital*	Gen	NPAssn	45	5	60	24	1,102	
Sherwood Sanitarium	Gen	Indiv	10	..	20	6	100	
St. Johnsbury, 7,825—Caledonia								
Brightlook Hospital*	Gen	Corp	12	10	57	20	625	
St. Johnsbury Hospital	Gen	Church	30	..	..	7	165	
Springfield, 4,062—Windsor								
Springfield Hospital	Gen	NPAssn	30	6	50	12	421	

VERMONT



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Total hospitals in Vermont, 32; general, 22; general beds occupied, 61.9 per cent; population per general bed, 317.

Hospitals and Sanatoriums	Type of Service	Control	Bassinets	Beds	Cribs	Total Personnel	Average Patients	Patients Admitted
Waterbury, 1,778—Washington								
Vermont State Hospital for the Insane	Ment	State		1,010	..	..	940	233
Wilmot, 1,340—Cheshire								
Fanny Allen Hospital*	Gen	Church		75	11	112	66	1,074
Related Institutions								
Bennington, 7,260—Bennington								
Vermont Soldiers' Home	Hosp. Inst	State		23	..	..	5	67
Brandon, 2,021—Rutland								
Brandon State School	MeDe	State		280	..	..	277	29
Goshen—Rutland								
Bryant Health Camp	(Included in Caverly Preventorium, Pittsford)							
Pittsford, 627—Rutland								
Caverly Preventorium	TB	NPAssn		44	..	..	44	28
Windsor, 3,056—Windsor								
Vermont State Prison Hospital	Inst	State		8	..	..	4	46

Summary for Vermont:	Number	Beds	Average Patients	Patients Admitted
Hospitals and sanatoriums	32	2,659	2,459	24,402
Related institutions	4	340	309	247
Totals	36	2,999	2,768	24,649
Refused registration	0			

VIRGINIA

Hospitals and Sanatoriums	Type of Service	Control	Bassinets	Beds	Cribs	Total Personnel	Average Patients	Patients Admitted
Abingdon, 5,877—Washington								
George Bon Johnston Memorial Hospital*	Gen	NPAssn		57	5	21	20	697
Alexandria, 24,149—Arlington								
Alexandria Hospital	Gen	NPAssn		60	12	205	50	2,171
Appalachia, 2,295—Wise								
Appalachia Masonic Hospital	Gen	Frat		12	2	12	5	175
Bristol, 5,032—Washington								
King's Mountain Memorial Hospital	Gen	NPAssn		30	7	110	17	704
Brook Hill, 10—Henrico								
Pine Camp Hospital	TB	City		214	..	..	135	139
Buchanan, 750—Botetourt								
Piedmont Sanatorium	TB	State		120	..	..	102	104
Catawba Sanatorium, 25—Roanoke								
Catawba Sanatorium	TB	State		240	..	..	205	401
Charlottesville, 10,688—Albemarle								
Blue Ridge Sanatorium	TB	State		270	..	..	256	257
Martha Jefferson Hospital and Sanatorium	Gen	NPAssn		30	10	121	20	668
Christiansburg, 1,595—Montgomery								
New Altamont Hospital	Gen	Corp		25	4	27	9	602
Clifton Forge, 5,339—Alleghany								
Chesapeake and Ohio Railway Hospital*	Gen	NPAssn		90	5	65	64	2,205
Clintwood, 725—Dickenson								
Dickenson County Hospital	Gen	Indiv		20	6	No data supplied		
Cockburn, 724—Wise								
Cockburn Hospital	Gen	Fact		15	..	3	15	241
Danie, 511—Russell								
Clinchfield Hospital	Gen	NPAssn		25	4	No data supplied		
Danville, 22,267—Pittsylvania								
Hilltop Sanatorium	TB	NPAssn		60	..	..	35	73
Memorial Hospital	Gen	NPAssn		100	10	243	67	2,575
Farmville, 3,128—Prince Edward								
Southside Community Hospital	Gen	NPAssn		30	10	52	19	602
Floyd, 482—Floyd								
Du Hart Clinic and Hospital	Gen	Indiv		10	2	5	5	130
Ft. Humphreys,—Fairfax								
Station Hospital	Gen	Army		25	1	..	12	600
Ft. Monroe, 1,205—Elizabeth City								
Station Hospital	Gen	Army		90	6	112	44	1,320
Ft. Myer, 1,835—Arlington								
Station Hospital	Gen	Army		30	..	45	20	905
Franklin, 5,025—Southampton								
Retreat Hospital	Gen	Indiv		22	2	10	10	235
Fredericksburg, 5,819—Spotsylvania								
Mary Washington Hospital	Gen	NPAssn		75	10	125	40	1,701
Galax, 2,044—Grayson								
Galax Hospital and Clinic	Gen	Corp		22	3	10	9	204
Hampton, 4,532—Elizabeth City								
Dixie Hospital*	Gen	NPAssn		65	10	31	15	773
Harrisonburg, 7,123—Rockingham								
Rockingham Memorial Hosp.*	Gen	NPAssn		110	6	102	91	3,021
Hopewell, 11,327—Prince George								
Community Hospital	Gen	NPAssn		30	3	21	4	252
Hot Springs, 1,055—Bath								
Community House	Gen	NPAssn		13	4	16	4	179
Langley Field,—Elizabeth City								
Station Hospital	Gen	Army		30	..	9	21	652
Leesburg, 1,642—Loudoun								
Loudoun County Hospital	Gen	County		25	6	20	15	466
Lexington, 3,730—Rockbridge								
Stonewall Jackson Memorial Hospital	Gen	NPAssn		42	8	21	20	920
Luray, 1,466—Page								
Page Memorial Hospital	Gen	NPAssn		12	3	13	3	302
Lynchburg, 40,661—Campbell								
Lynchburg General Hospital*	Gen	City		102	10	132	74	1,620
Marshall Lodge Memorial Hosp.	Gen	Frat		125	5	100	82	1,520
Virginia Baptist Hospital*	Gen	Church		75	16	147	30	914
Marion, 4,198—Smyth								
Southwestern State Hospital	Ment	State		1,500	..	..	1,110	272
Martinsville, 5,795—Henry								
Shackelford Hospital	Gen	Indiv		20	4	23	20	641
Nassawadox, 675—Northampton								
Northampton-Accomac Memorial Hospital	Gen	County		45	5	24	20	382
Newport News, 34,427—Warwick								
Elizabeth Buxton Hospital*	Gen	Indiv		100	10	62	25	1,627
Riverside Hospital*	Gen	NPAssn		90	12	220	60	1,750
Whittaker Memorial Hospital (col.)	Gen	NPAssn		30	4	13	8	422
Norfolk, 129,710—Norfolk								
Charles B. Grandy Sanatorium	TB	City		94	..	..	62	125
Mary A. Wise Hospital for Contagious Disease	Iso	City		20	..	..	3	81
Hospital of St. Vincent de Paul*	Gen	Church		225	32	254	194	3,130
Norfolk Memorial Hospital*	Gen	NPAssn		70	6	102	27	1,202
Norfolk Protestant Hospital*	Gen	Church		175	25	420	80	4,554
Sarah Leigh Hospital*	Gen	NPAssn		70	10	96	35	1,692
U. S. Marine Hospital*	Gen	USPHS		200	..	..	210	3,806
Norton, 3,477—Wise								
Norton Hospital	Gen	Indiv		20	3	6	10	602
Pearisburg, —Giles								
St. Elizabeth's General Hosp.	Gen	Corp		20	1	No data supplied		
Pennington Gap, 1,535—Lee								
Lee General Hospital	Gen	Corp		20	2	10	10	600
Petersburg, 31,284—Dinwiddie								
Central State Hospital (col.)	Ment	State		3,021	..	..	2,870	676
Medical Center Hospital	Gen	(Included in Central State Hospital)						
Petersburg Hospital*	Gen	NPAssn		70	7	80	31	1,350
Portsmouth, 45,705—Norfolk								
Mary Delano Hospital*	Gen	NPAssn		82	6	177	30	1,730
Norfolk Naval Hospital*	Gen	Navy		450	..	..	300	3,727
Parrish Memorial Hospital*	Gen	Corp		60	10	135	20	954

Key to symbols and abbreviations is on page 1034

VIRGINIA—Continued

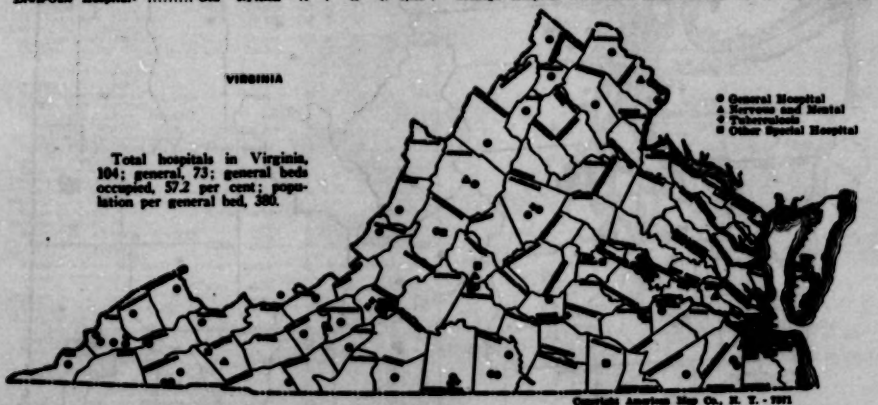
Hospitals and Sanatoriums								
Pulaski, 7,340—Pulaski								
Pulaski Hospital	Gen	Corp	30	6	93	17	330	
Radford, 4,537—Montgomery								
St. Albans Sanatorium	N&M	Indiv	25	..	..	22	179	
Richlands, 1,362—Tazewell								
Hattie Williams Hospital	Gen	Indiv	20	..	No data supplied			
Richmond, 194,871—Henrico								
Crippled Children's Hosp.	(Included in Med. Coll. of Va., Hosp. Div.)							
Dooley Hospital	(Included in Med. Coll. of Va., Hosp. Div.)							
Grace Hospital	Gen	Corp	80	10	151	28	2,305	
Johnston-Willis Hospital[*]	Gen	Corp	111	15	266	69	2,670	
Medical College of Virginia Hospital Division[*†]	Gen	NFAss	454	82	604	605	9,110	
Memorial Hospital	(Included in Med. Coll. of Va., Hosp. Div.)							
Retreat for the Sick[*]	Gen	NFAss	60	10	197	37	1,450	
St. Elizabeth's Hospital[*]	Gen	Corp	50	..	..	27	1,135	
St. Luke's Hospital[*]	Gen	Prot	70	10	..	6	1,020	
St. Philip Hospital (col.)[*]	(Included in Med. Coll. of Va., Hosp. Div.)							
Stuart Circle Hospital[*]	Gen	NFAss	60	8	125	71	1,550	
Tuberculosis Hospital[*†]	Gen	Corp	60	10	188	60	1,200	
Tyler Sanatorium	Nerv.	Corp	25	..	..	15	255	
Westbrook Sanatorium	N&M	Corp	150	..	..	70	1,255	
Roanoke, 69,549—Roanoke								
Booker Memorial Hospital (col.)	Gen	NFAss	40	4	21	19	602	
Gill Memorial Eye, Ear and Throat Hospital	ENT	NFAss	25	..	..	3	210	
Jefferson Hospital[*†]	Gen	Corp	125	9	141	67	2,167	
Lewis-Gale Hospital[*]	Gen	NFAss	70	7	65	47	1,650	
Roanoke Hospital[*]	Gen	NFAss	95	12	151	67	1,625	
Roanoke Hospital	Gen	Corp	65	10	160	19	1,210	
Salem, 6,662—Roanoke								
Mount Regis Sanatorium	TB	Corp	25	..	..	14	22	
Saltville, 2,941—Smyth								
Mathieson Hospital	Gen	NFAss	12	2	19	5	203	
South Boston, 4,561—Halifax								
Halifax Hospital	Gen	Corp	20	4	14	5	242	
South Boston Hospital	Gen	Indiv	25	4	19	14	772	
Staunton, 11,558—Augusta								
King Sanatorium Hospital	Gen	NFAss	70	10	61	20	1,650	
Suffolk, 10,571—Nansemond								
Lakeview Hospital	Gen	Corp	25	4	42	20	702	
Virginia General Hospital	Gen	NFAss	25	5	No data supplied			
University, 1,136—Albemarle								
University of Virginia Hospital[*†]	Gen	State	200	20	420	100	6,421	
Veterans Administration Home, 1,575—Elizabeth City								
Veterans Admin. Facility	Gen	Vet	150	..	..	744	855	
Warrenton, 1,402—Fauquier								
Fauquier County Hospital	Gen	NFAss	20	4	60	12	235	
Williamsburg, 3,178—James City								
Eastern State Hospital	Ment	State	1,541	..	..	1,402	267	
Winchester, 10,624—Frederick								
Winchester Memorial Hospital	Gen	NFAss	65	12	125	45	1,551	

Related Institutions

Beaumont,—Powhatan							
Virginia Industrial School for Boys	Inst	State	24	..	..	10	425
Bristol, 6,040—Washington							
St. Ann's Hospital	Gen	Indiv	14	3	No data supplied		
Clover, 501—Halifax							
Little Retreat Hospital	Gen	Indiv	6	3	13	2	61
Colony, 50—Amherst							
State Colony for Epileptics and Feebleminded	MeDe	State	1,600	..	..	900	178
Dublin, 1,000—Pulaski							
Pepper Memorial Hospital	Gen	Indiv	20	3	20	5	200
Dunbar, 1,000—Kanawha							
Dunbar Hospital	Gen	Indiv	20	3	20	5	200
Dunlap, 1,000—Scott							
Dunlap Hospital	Gen	Indiv	20	3	20	5	200
Fincastle, 500—Botetourt							
Fincastle Hospital	Gen	Indiv	20	3	20	5	200
Fredericksburg, 9,119—Spotsylvania							
Mary Washington Hospital	Gen	NFAss	50	10	100	20	1,000
Gate City, 1,000—Scott							
Gate City Hospital	Gen	Indiv	20	3	20	5	200
Glasgow, 1,000—Rockbridge							
Glasgow Hospital	Gen	Indiv	20	3	20	5	200
Grundy, 1,000—Buchanan							
Grundy Hospital	Gen	Indiv	20	3	20	5	200
Hillsville, 1,000—Carroll							
Hillsville Hospital	Gen	Indiv	20	3	20	5	200
Honaker, 1,000—Russell							
Honaker Hospital	Gen	Indiv	20	3	20	5	200
Lebanon, 1,000—Russell							
Lebanon Hospital	Gen	Indiv	20	3	20	5	200
Lynchburg, 1,000—Campbell							
Lynchburg Hospital	Gen	Indiv	20	3	20	5	200
Marion, 1,000—Smyth							
Marion Hospital	Gen	Indiv	20	3	20	5	200
Martinsville, 1,000—Henry							
Martinsville Hospital	Gen	Indiv	20	3	20	5	200
Norfolk, 1,000—Norfolk							
Norfolk Hospital	Gen	Indiv	20	3	20	5	200
Petersburg, 1,000—Dinwiddie							
Petersburg Hospital	Gen	Indiv	20	3	20	5	200
Pulaski, 1,000—Pulaski							
Pulaski Hospital	Gen	Indiv	20	3	20	5	200
Radford, 1,000—Montgomery							
Radford Hospital	Gen	Indiv	20	3	20	5	200
Richlands, 1,000—Tazewell							
Richlands Hospital	Gen	Indiv	20	3	20	5	200
Roanoke, 1,000—Roanoke							
Roanoke Hospital	Gen	Indiv	20	3	20	5	200
Salem, 1,000—Roanoke							
Salem Hospital	Gen	Indiv	20	3	20	5	200
Saltville, 1,000—Smyth							
Saltville Hospital	Gen	Indiv	20	3	20	5	200
South Boston, 1,000—Halifax							
South Boston Hospital	Gen	Indiv	20	3	20	5	200
Staunton, 1,000—Augusta							
Staunton Hospital	Gen	Indiv	20	3	20	5	200
Suffolk, 1,000—Nansemond							
Suffolk Hospital	Gen	Indiv	20	3	20	5	200
University, 1,000—Albemarle							
University Hospital	Gen	Indiv	20	3	20	5	200
Veterans Administration Home, 1,000—Elizabeth City							
Veterans Admin. Facility	Gen	Vet	20	3	20	5	200
Warrenton, 1,000—Fauquier							
Fauquier County Hospital	Gen	NFAss	20	3	20	5	200
Williamsburg, 1,000—James City							
Eastern State Hospital	Ment	State	1,000	3	20	5	200
Winchester, 1,000—Frederick							
Winchester Memorial Hospital	Gen	NFAss	20	3	20	5	200

VIRGINIA—Continued

Related Institutions								
Danville, 21,567—Pittsylvania								
Providence Hospital (col.)	Gen	NFAss	60	1	No data supplied			
Falls Church, 1,919—Fairfax								
Quarry Home and Training School for Feebleminded	MeDe	Indiv	85	..	..	65	10	
Lawrenceville, 1,622—Brunswick								
Lucile Taylor Lester Memorial Hospital (col.)	Inst	Church	10	..	..	4	65	
Lexington, 5,782—Rockbridge								
Virginia Military Institute Hospital	Inst	State	20	..	..	5	....	
Norfolk, 158,776—Norfolk								
Chaney's Clinic of the Kings Daughters	Chil	NFAss	25	..	..	12	685	
Florence Crittenton Home	Mat	NFAss	20	20	No data supplied			
Richmond, 182,929—Henrico								
City Home	G&Inst	City	225	14	100	400	1,245	
City Tuberculosis Sanatorium	(Included in City Home)							
Convalescent Home Hospital	Conv	Indiv	45	2	1	20	95	
Lee Camp Soldiers' Home Hospital	Inst	State	20	..	..	20	21	
Penitentiary Hospital	Inst	State	20	..	..	20	45	
State Farm, 50—Goochland								
State Farm Hospital	Inst	State	100	..	..	42	60	
Staunton, 11,558—Augusta								
Western State Hospital	Ment	State	1,200	..	..	1,000	1,001	
Stonega, 231—Wise								
Stonega Hospital	Indus	NFAss	10	..	..	5	71	
Sweet Briar, 114—Amherst								
Sweet Briar College Infirm.	Inst	NFAss	10	..	..	5	250	
Twin Creek, 701—Wise								
Twin Creek Hospital	Indus	NFAss	15	..	..	4	62	


VIRGINIA
Total hospitals in Virginia, 104; general, 73; general beds occupied, 57.2 per cent; population per general bed, 380.
General Hospital
Nervous and Mental
Tuberculosis
Other Special Hospital
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Summary for Virginia:

	Number	Beds	Average Patients	Patients Admitted
Hospitals and sanatoriums	97	13,627	10,249	101,620
Related institutions	10	1,021	3,792	5,993
Totals	107	15,648	14,041	107,613
Refused registration	3	57		

WASHINGTON

Hospitals and Sanatoriums								
Aberdeen, 21,732—Grays Harbor								
Aberdeen General Hospital	Gen	Corp	30	..	..	44	1,178	
St. Joseph's Hospital[*]	Gen	Church	85	16	221	51	1,200	
American Lake—Pierce								
Veterans Admin. Facility	Ment	Vet	670	..	..	668	197	
Anacortes, 6,324—Skagit								
Anacortes Hospital	Gen	Corp	25	5	51	8	548	
Auburn, 4,836—King								
Auburn Hospital	Gen	Indiv	40	6	30	5	240	
Bellingham, 30,610—Whatcom								
St. Frances Hospital	Gen	Indiv	17	4	44	3	100	
St. Joseph's Hospital[*]	Gen	Church	105	10	172	60	1,121	
St. Luke's General Hospital	Gen	NFAss	75	10	221	25	1,400	
Bremerton, 10,170—Kitsap								
U. S. Naval Hospital	Gen	Navy	211	..	..	151	2,151	
Burlington, 1,501—Skagit								
Burlington General Hospital	Gen	Indiv	20	7	No data supplied			
Centralia, 6,602—Lewis								
St. Luke's Hospital and Sweet Clinic	Gen	Corp	44	6	61	10	356	

Key to symbols and abbreviations is on page 1024

WASHINGTON—Continued

Hospitals and Sanatoriums	Type of Service	Ownership	Approved Internship	Approved Residencies	Bassinets	Average Number Patients	Total Personnel
Chehalis, 4,997—Lewis							
St. Helen's Hospital	Gen	Church	25	0	70	5	44
Chewelah, 1,215—Stevens							
St. Joseph's Hospital	Gen	Church	19	4	44	8	28
Colfax, 2,762—Whitman							
St. Ignatius Hospital[a]	Gen	Church	42	9	No data supplied		
Colville, 1,885—Stevens							
Mt. Carmel Hospital	Gen	Part	20	6	25	10	60
Ellensburg, 4,621—Kittitas							
Ellensburg General Hospital	Gen	Corp	25	11	30	11	65
Elma, 1,545—Grays Harbor							
Conway Hospital	Gen	Indiv	14	4	32	5	...
Oakhurst Sanatorium	TB	County	65	..	..	67	110
Everett, 30,927—Snohomish							
General Hospital[a]	Gen	NPAssn	84	15	160	45	1,000
Providence Hospital[a]	Gen	Church	101	15	225	75	1,147
Ft. Lewis, 4,000—Pierce							
Station Hospital	Gen	Army	120	0	71	10	2,250
Ft. Robinson—Pierce							
Western State Hospital	Ment	State	2,250	..	..	2,100	627

WASHINGTON—Continued

Hospitals and Sanatoriums	Type of Service	Ownership	Approved Internship	Approved Residencies	Bassinets	Average Number Patients	Total Personnel
Oroville, 625—Okanogan							
Oroville General Hospital	Gen	Indiv	10	6	27	..	22
Pasco, 3,426—Franklin							
Our Lady of Lourdes Hospital	Gen	Church	22	0	20	20	60
Port Angeles, 10,128—Clallam							
Port Angeles General Hosp.[a]	Gen	NPAssn	20	0	20	6	1,197
Port Townsend, 2,070—Jefferson							
St. John's Hospital	Gen	Church	25	9	115	20	477
Puyallup, 7,624—Pierce							
Puget Sound Sanatorium	N&M	Corp	20	..	..	15	30
Renton, 4,482—King							
Renton Hospital	Gen	Indiv	10	0	24	4	25
Richmond Highlands, 2—King							
Pirland Sanatorium and Isolation Hospital	TB	City	20	..	..	20	22
Seattle, 365,583—King							
Ballard Amateur and General Hospital	Gen	NPAssn	25	4	40	11	65
Children's Orthopedic Hosp.[aa]	Orth	NPAssn	25	4	..	25	100
Columbus Hospital[aa]	Gen	Church	25	10	25	70	1,227

WASHINGTON

● General Hospital
▲ Nervous and Mental
◆ Tuberculosis
■ Other Special Hospital

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Total hospitals in Washington, 121; general, 81; general beds occupied, 53.2 per cent; population per general bed, 237.

Ft. Worden (Port Townsend P.O.), 14—Jefferson							
Station Hospital	Gen	Army	20	..	..	5	201
Hoquiam, 11,763—Grays Harbor							
Hoquiam General Hospital	Gen	Corp	75	15	127	30	1,172
Kirkland, 1,714—King							
Kirkland Hospital	Gen	Indiv	12	4	19	3	122
Lakeview, 262—Pierce							
Mountain View Sanatorium	TB	County	125	..	..	140	110
Colvos Sanatorium	Gen	NPAssn	25	6	74	10	1,202
Longview, 10,462—Cowlitz							
Longview General Hospital	Gen	Indiv	25	10	100	10	400
Longview Memorial Hospital	Gen	Corp	20	10	111	25	1,457
Mason City—Okanogan							
Washington Hospital	Gen	NPAssn	27	4	..	Nov	...
Medical Lake, 1,671—Spokane							
Eastern State Hospital	Ment	State	1,200	..	..	1,521	342
Monroe, 1,520—Snohomish							
Monroe General Hospital	Gen	Indiv	10	5	No data supplied		
Mt. Vernon, 5,420—Skagit							
Mt. Vernon General Hospital	Gen	Indiv	20	6	34	13	474
Newport, 1,626—Pend Oreille							
Newport Hospital	Gen	NPAssn	20	4	40	8	225
Olympia, 11,733—Thurston							
St. Peter's Hospital[a]	Gen	Church	100	15	155	42	5,000
Omak, 2,527—Okanogan							
Mills Hospital	Gen	Indiv	6	4	15	3	110

King County Hospital, Unit No. 1 (Harborview)[aa]	Gen	County	324	31	1,024	371	10,000
King County Tuberculosis Hospital	TB	County	175	..	..	182	200
Laurel Beach Sanatorium	TB	Part	40	..	..	38	70
Maynard Hospital	Gen	NPAssn	20	5	35	10	1,567
Meadow Sanatorium	N&M	Corp	30	..	..	30	50
Providence Hospital[a]	Gen	Church	200	25	240	167	1,600
Riverton Sanatorium	TB	NPAssn	40	..	..	37	60
St. Luke's Hospital	Gen	Corp	20	5	25	7	70
Seattle General Hospital[aa]	Gen	Corp	50	20	125	21	250
Station Hospital	Gen	Church	100	10	211	6	2,165
Swedish Hospital[a]	Gen	Army	20	..	..	6	201
U. S. Marine Hospital[a]	Gen	NPAssn	125	25	225	9	1,000
Virginia Mason Hospital[aa]	Gen	USPHS	150	..	..	150	1,000
Sedro Woolley, 2,710—Skagit	Gen	NPAssn	10	20	227	77	1,000
General Hospital	Gen	NPAssn	25	7	10	9	1,770
Northern State Hospital	Ment	State	1,625	..	..	1,511	371
Shelton, 1,521—Mason							
Shelton General Hospital	Gen	NPAssn	21	5	40	15	200
Snohomish, 2,626—Snohomish							
Alderwood Sanatorium	TB	County	60	..	..	60	75
Snohomish General Hospital	Gen	Indiv	14	5	35	7	250
South Bend, 1,708—Pacific							
South Bend General Hospital	Gen	Part	20	5	24	8	200
Spokane, 115,514—Spokane							
Deaconess Hospital[aa]	Gen	Church	227	30	625	97	1,500

Key to symbols and abbreviations is on page 1091

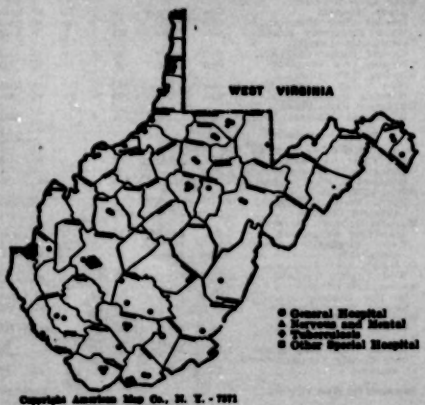
WASHINGTON—Continued

Hospitals and Sanatoriums	Type	Ownership	Beds	Bassinets	Cribs	Average Patients	Patients Admitted
Edwards Sanatorium[3]	TB	County	140	..	..	111	97
Harvard Manor Hospital[3]	Gen	Church	120	20	6[1]	115	2,117
St. Luke's Hospital[3]	Gen	NPAssn	114	24	12[2]	88	2,361
Harborview Hospital for Crippled Children	Orth	Prvt	20	..	..	20	113
Station Hospital	Gen	Army	24	..	..	21	1,155
Tacoma, 168,417—Pierce							
Northern Pacific Beneficial Association Hospital[3]	Gen	NPAssn	111	5	10	80	1,572
Pierce County Hospital[3]	Gen	County	120	20	6[1]	90	1,710
St. Joseph's Hospital[3,4]	Gen	Church	225	37	21[2]	84	2,742
Tacoma General Hospital[3,4]	Gen	NPAssn	225	37	21[2]	84	2,742
Tacoma Hospital	G&TB	I A	20	..	..	20	721
Tacoma, 168,—Pierce							
Veterans Hospital	Gen	Indiv	9	4	7	4	102
Toppenish, 2,774—Yakima							
Yakima Sanitarium	TB	I A	60	..	..	61	9
Vancouver, 14,105—Clark							
Clark County Hospital	Gen	County	29	5	11[2]	20	855
Clark General Hospital	Gen	NPAssn	50	12	16[2]	21	888
St. Joseph's Hospital	Gen	Church	100	12	8[2]	62	1,165
Station Hospital	Gen	Army	6[1]	..	..	6[1]	1,155
Walla Walla, 15,096—Walla Walla							
St. Mary's Hospital[3]	Gen	Church	90	10	25[2]	80	1,512
Veterans Admin. Facility	G&TB	Vet	250	..	..	250	750
Walla Walla Sanitarium and Hospital	Gen	Church	20	9	20	15	861
Wenatchee, 11,627—Chelan							
Central Washington Deaconess Hospital[3]	Gen	Church	67	10	22[1]	50	1,512
St. Anthony's Hospital[3]	Gen	Church	75	17	23[2]	62	617
Yakima, 32,109—Yakima							
St. Elizabeth's Hospital[3]	Gen	Church	125	29	32[1]	100	1,557
Yakima County Hospital	Gen	County	61	7	15[2]	28	...
Related Institutions							
Chehalis, 4,597—Lewis							
State Training School for Boys	Inst	State	25	..	..	1	205
Chi Khum, 2,625—Klickitat							
Mudlyn Chi Khum Beneficial Company Hospital	Indus	NPAssn	20	1	..	1	471
Friday Harbor, 691—San Juan							
Friday Harbor Hospital	Gen	Indiv	5	2	2	..	12
Ione, 891—Pend Oreille							
Ione Hospital	Gen	Indiv	11	3	No data supplied		
Lakeview, 202—Pierce							
Somervell Sanitarium	N&M	Indiv	10	..	..	6	12
Medical Lake, 1,497—Spokane							
State Custodial School	MeDe	State	1,600	..	..	1,600	202
Monroe, 1,870—Snohomish							
Snohomish County Hospital and Farm	Inst	County	32	6	..	30	129
Mt. Vernon, 5,808—Skagit							
Bowley General Hospital	Gen	Indiv	21	6	No data supplied		
Republic, 776—Ferry							
Republic Hospital	Gen	Indiv	6	2	No data supplied		
Ritzville, 1,777—Adams							
Ritzville General Hospital	Gen	Indiv	12	4	2[2]	6	225
Seattle, 368,302—King							
Firerock Orthopedic Home	Mat	NPAssn	20	15	15	17	44
Firerock's Sanitarium	Conv	Indiv	12	..	..	7	170
King County Hospital, Unit No. 1	Inst	County	275	..	..	272	812
Mason Sanitarium	Inv	Corp	20	..	..	12	..
Mt. Valley Sanitarium	Conv	Indiv	15	..	..	15	22
Rest-Haven Sanitarium	Conv	Indiv	11	..	..	6	25
Seattle Emergency Hospital	Emerg	City	30	..	..	..	....
University of Washington Health Service Infirmary	Inst	State	42	..	..	11	911
Seattle, 368—Chelan							
Seattle Prairie Hospital	Gen	Indiv	12	5	No data supplied		
Spangle, 218—Spokane							
Spokane County Hospital	Inst	County	100	..	..	90	200
Spokane, 115,514—Spokane							
Florence Crittenton Home	Mat	NPAssn	22	10	10	15	32
Harmon Hospital	Inc	City	100	..	..	4	82
Salvation Army Women's Hospital and Home	Mat	Church	40	20	11[2]	20	170
Sprague, 426—Lincoln							
Sprague Hospital	Gen	Indiv	10	6	10	2	62
Suquamish, 750—Kitsap							
U. S. Penitentiary Hospital	Inst	Fed	72	..	..	70	700
Sumas, 627—Whatcom							
Mervyn Cottage Hospital	Gen	Indiv	7	2	No data supplied		
Sumas General Hospital	Gen	Indiv	12	5	4	7	52
Tacoma, 168,617—Pierce							
Bellevue Sanatorium	TB	Indiv	35	..	..	30	16
City Contagious Hospital	Inc	City	20	..	..	7	69
White Shield Home	Mat	NPAssn	25	10	25	9	12
Tekoha, 40—Snohomish							
Tulalip Indian School Hosp.	Gen	I A	14	4	20	11	251
Walla Walla, 15,096—Walla Walla							
Washington State Penitentiary Hospital	Inst	State	25	..	No data supplied		
Yakima, 32,109—Yakima							
Yakima Nursery Home and Hospital	Gen	Indiv	12	12	..	..	....

Summary for Washington:	Number	Beds	Average Patients	Patients Admitted
Hospitals and sanatoriums	99	14,271	10,623	104,427
Related institutions	22	2,548	2,195	6,990
Totals	121	16,819	12,818	111,417
Refused registration	20	681		

WEST VIRGINIA

Hospitals and Sanatoriums	Type	Ownership	Beds	Bassinets	Cribs	Average Patients	Patients Admitted
Beckley, 9,825—Raleigh							
Beckley Hospital	Gen	Prvt	125	10	9	59	1,555
Pinecrest Sanitarium	TB	State	165	..	..	150	145
Raleigh General Hospital[3]	Gen	Corp	80	4	12	51	1,197
Bluefield, 19,256—Mercer							
Bluefield Sanitarium	Gen	Corp	100	6	21	45	2,450
Brown's Hospital (col.)[3]	Gen	Indiv	20	1	2	15	2,000
Providence Hospital (col.)	Gen	Indiv	25	1	2	3	105
St. Luke's Hospital[3]	Gen	Corp	75	6	20	50	1,120
Buckhannon, 4,574—Upshur							
St. Joseph's Hospital	Gen	Church	50	6	20	10	300
Charleston, 60,405—Kanawha							
Charleston General Hosp.[4,6]	Gen	Corp	150	15	20	92	5,100
Kanawha Valley Hospital[3]	Gen	Corp	90	15	15	68	2,514
McMillan Hospital[3]	Gen	Indiv	20	10	12	18	2,021
Mountain State Hospital[3]	Gen	Corp	100	15	15	68	2,514
St. Francis Hospital[3]	Gen	Church	150	15	20	125	1,200
Salvation Army Hospital	Gen	Church	20	4	7[2]	17	1,971
Stasis Hospital	Gen	Corp	25	5	6	18	1,000
Charles Town, 3,404—Jefferson							
Charles Town General Hosp.	Gen	NPAssn	20	3	11	6	300
Charlestown, 58,895—Harrison							
St. Mary's Hospital[3]	Gen	Church	125	11	15[2]	81	1,711
Union Protestant Hospital[3]	Gen	Church	25	10	..	..	525
Elkins, 7,526—Randolph							
Davis Memorial Hospital[3]	Gen	NPAssn	20	6	2[2]	..	....
Elkins City Hospital[3]	Gen	Indiv	25	5	5[2]	11	1,557
Fairmont, 32,192—Marion							
Cook Hospital[3]	Gen	Corp	100	10	17	57	1,570
Fairmont Emergency Hosp.[3]	Gen	State	60	5	12	40	1,152



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Total hospitals in West Virginia, 76; general, 59; general beds occupied, 49.3 per cent; population per general bed, 413.

Glen Dale, 1,469—Marshall							
Reynolds Memorial Hospital[3]	Gen	Church	50	10	25	32	670
Hinton, 6,464—Summers							
Hinton Hospital[3]	Gen	Corp	75	4	9	50	750
Holden, 5,240—Logan							
Holden Hospital	Gen	NPAssn	40	1	3	12	741
Hopemont, 65—Preston							
Conley Hospital	(Included in Hopemont Sanitarium)						
Hopemont Sanitarium[3]	TB	State	450	..	..	401	425
Huntington, 75,572—Cabell							
Chesapeake and Ohio Railway Hospital[3]	Gen	NPAssn	110	20	27	70	1,554
Huntington City Hospital	Gen	City	25	12	100	24	883
Huntington Memorial Hosp.[4]	Gen	Corp	150	6	45	79	2,610
Huntington Orthopedic Hosp.	Orth	NPAssn	50	..	..	35	721
Moore-Tolsmer Eye, Ear and Throat Hospital	ENT	Indiv	10	..	..	3	300
St. Mary's Hospital[3]	Gen	Church	200	20	104	55	2,207
Veterans Admin. Facility	Gen	Vet	250	..	..	100	1,500
Kenova, 1,005—Wayne							
Ellis Memorial Hospital	Gen	Prvt	10	2	2	5	120
Keyser, 6,348—Mineral							
Potomac Valley Hospital	Gen	Corp	45	3	27	21	1,172
Lakin—Mason							
Lakin State Hospital (col.)	Ment	State	500	..	..	217	85
Logan, 4,260—Logan							
Logan General Hospital	Gen	Corp	100	8	..	67	1,654
Marlinton, 1,250—Pocahontas							
Pocahontas Memorial Hospital	Gen	County	25	4	12	15	400
Martinsburg, 14,166—Berkeley							
City Hospital[3]	Gen	NPAssn	65	8	20	25	650
Kings Daughters Hospital[3]	Gen	NPAssn	65	6	25	25	725

Key to symbols and abbreviations is on page 1024

WEST VIRGINIA—Continued

Hospitals and Sanatoriums	Type of Hospital	Control	Approved by Council	Bassinets	Beds and Cribs	Patients Admitted
McKendree, 117—Fayette						
McKendree Emergency Hosp.*	Gen	State	65	6	94	39	2,454
Montgomery, 2,082—Fayette						
Coal Valley Hospital*	Gen	Corp	65	5	No data supplied		
Morgantown, 16,189—Monongalia						
City Hospital*	Gen	Indiv	27	4	30	21	...
Eastmont Tuberculosis Sanat.	TB	NPAssn	25	..	..	..	...
Monongalia County Hospital	Gen	County	65	10	65	34	1,027
Mullens, 1,351—Wyoming							
Mullens Hospital	Gen	Indiv	20	2	21	9	...
New Martinsville, 2,814—Wetzel							
Wetzel County Hospital	Gen	Corp	20	4	15	5	2,020
Oak Hill, 3,876—Fayette							
Oak Hill Hospital	Gen	Part	20	5	15	10	1,120
Parkersburg, 20,050—Wood							
Camden-Clark Memorial Hospital*	Gen	City	60	12	107	62	1,723
St. Joseph's Hospital*	Gen	Church	150	30	170	82	1,858
Princeton, 6,595—Mercer							
Mercer Memorial Hospital	Gen	NPAssn	40	4	No data supplied		
Princeton Hospital*	Gen	Corp	60	2	10	10	827
Richwood, 1,720—Nicholas							
McClung Hospital	Gen	Corp	20	4	22	9	223
Sacred Heart Hospital	Gen	Church	24	6	30	9	215
Ronceverte, 2,254—Greenbrier							
Greenbrier Valley Hospital*	Gen	Corp	60	4	10	21	627
Stonewall, 5,972—Tyler							
Ritchie County General Hospital	Gen	Corp	16	2	70	6	2,020
South Charleston, 4,626—Kanawha							
Dunn Hospital	Gen	Indiv	20	5	5	4	132
Welch, 5,579—McDowell							
Grace Hospital	Gen	Corp	70	6	32	44	1,020
Warren Clinic Hospital	Gen	Corp	100	4	32	60	2,612
Welch Emergency Hospital*	Gen	State	115	2	23	57	2,578
Weston, 4,646—Lewis							
General Hospital	Gen	Indiv	25	2	20	20	512
Weston City Hospital	Gen	Part	25	6	21	15	521
Wheeling, 61,659—Ohio							
Ohio Valley General Hosp.**	Gen	NPAssn	240	20	310	122	4,145
Wheeling Hospital*	Gen	Church	200	25	267	95	5,600
Williamson, 6,426—Mingo							
Williamson Memorial Hosp.*	Gen	Corp	54	4	32	21	1,121
Related Institutions							
Charleston, 60,408—Kanawha							
Hill Crest Sanatorium	TB	NPAssn	42	..	..	40	10
Huntington, 75,572—Cabell							
Huntington State Hospital	Ment	State	945	..	..	325	220
Milton, 1,202—Cabell							
Morris Memorial Hospital for Crippled Children	Conv	NPAssn	32	..	..	32	...
Moundsville, 14,411—Marshall							
Grandview Sanatorium	TB	County	32	..	..	24	67
West Virginia Penitentiary Hospital	Inst	State	20	..	..	16	370
St. Mary's, 2,192—Pleasants							
West Virginia Training School	McDe	State	94	..	..	94	...
Spencer, 2,426—Roane							
De Pue Hospital	Gen	Indiv	11	2	9	4	200
Spencer State Hospital	Ment	State	650	..	..	307	159
Weston, 5,646—Lewis							
Weston State Hospital	Ment	State	1,307	..	..	1,020	412
Wheeling, 61,659—Ohio							
Florence Crittenton Home	Mat	NPAssn	27	27	29	..	29
Ohio County Tuberculosis Sanatorium	TB	County	17	..	..	17	22

Summary for West Virginia:

	Number	Beds	Average Patients	Patients Admitted
Hospitals and sanatoriums	68	4,553	3,952	94,339
Related institutions	11	2,727	2,228	1,996
Totals	79	9,281	6,280	97,125
Refused registration	1	45		

WISCONSIN

Hospitals and Sanatoriums	Type of Hospital	Control	Approved by Council	Bassinets	Beds and Cribs	Patients Admitted
Algoma, 2,282—Kewaunee						
Algoma Hospital	Gen	NPAssn	10	4	15	3	132
Amery, 1,324—Polk							
Polk County Hospital	Gen	NPAssn	15	5	24	4	144
Antigo, 9,630—Langlade							
Langlade County Memorial Hospital	Gen	Church	44	7	70	20	1,020
Appleton, 31,387—Outagamie							
St. Elizabeth Hospital*	Gen	Church	120	20	200	60	3,010
Ashland, 10,932—Ashland							
Ashland General Hospital*	Gen	NPAssn	67	8	97	36	214
St. Joseph's Hospital*	Gen	Church	125	15	125	75	1,547
Baraboo, 5,145—Sauk							
St. Mary's Sterling Hospital	Gen	Church	25	8	112	10	642
Beaver Dam, 5,027—Dodge							
Lutheran Deaconess Hospital	Gen	Church	20	8	112	15	749
Beloit, 21,211—Rock							
Beloit Memorial Hospital	Gen	City	70	12	200	35	1,220
Berlin, 4,102—Green Lake							
Yates Memorial Hospital	Gen	NPAssn	14	4	..	..	100
Boscobel, 1,102—Grant							
Boscobel-Parker Hospital	Gen	Part	10	4	16	6	200
Burlington, 4,114—Racine							
Memorial Hospital	Gen	NPAssn	25	10	120	14	577
Chippewa Falls, 8,317—Chippewa							
St. Joseph's Hospital	Gen	Church	100	17	107	74	1,040
Columbus, 3,214—Columbia							
St. Mary's Hospital	Gen	Church	40	5	70	21	600

WISCONSIN—Continued

Hospitals and Sanatoriums	Type of Hospital	Control	Approved by Council	Bassinets	Beds and Cribs	Patients Admitted
Cumberland, 1,932—Barron						
Cumberland Hospital	Gen	Part	20	6	27	15	392
Delavan, 3,591—Walworth							
Delavan Sanitarium	N&M	Indiv	20	..	..	15	32
Dodgeville, 1,637—Iowa							
Dodgeville General Hospital	Gen	NPAssn	24	5	29	12	220
St. Joseph's Hospital	Gen	Church	60	15	72	25	1,350
Eau Claire, 20,227—Eau Claire							
Luther Hospital*	Gen	NPAssn	120	20	220	60	2,621
Mt. Washington Sanatorium	TB	County	25	..	..	20	45
Sacred Heart Hospital	Gen	Church	170	15	241	82	3,500
Edgerton, 2,837—Rock							
Edgerton Memorial Hospital	Gen	NPAssn	10	6	20	6	220
Elkhorn, 1,580—Walworth							
Walworth County Hospital	Gen	County	57	11	212	25	919
Fond du Lac, 22,699—Fond du Lac							
St. Agnes Hospital*	Gen	Church	225	25	422	120	3,240
Ft. Atkinson, 5,708—Jefferson							
Ft. Atkinson General Hospital	Gen	Indiv	15	4	40	5	240
Fredonia, 600—Ozaukee							
Fredonia Hospital	Gen	Indiv	12	5	20	7	200
Grantsburg, 777—Burnett							
Community Hospital	Gen	Corp	17	4	25	9	210
Green Bay, 37,415—Brown							
Bellin Memorial Hospital*	Gen	Church	72	20	111	61	1,511
St. Mary's Hospital*	Gen	Church	125	22	170	73	2,400
St. Vincent's Hospital	Gen	Church	200	25	325	172	5,017
Hartford, 2,755—Washington							
St. Joseph's Hospital	Gen	Church	20	5	70	12	445
Hazelhurst, 681—Oneida							
Middle River Sanatorium	TB	County	120	..	..	120	71
Hayward, 1,567—Sawyer							
Hayward Indian Hospital	Gen	I A	40	5	70	67	804
Hillsboro, 973—Vernon							
Hansberry Hospital	Gen	Indiv	25	5	20	10	216
Janesville, 21,628—Rock							
Mercy Hospital*	Gen	Church	120	20	197	55	1,315
Pleasant Hill Sanatorium	TB	County	60	..	..	27	90
Jefferson, 3,439—Jefferson							
Forest Lawn Sanatorium	TB	County	54	..	..	32	50
Kaukauna, 6,182—Outagamie							
Riverview Sanatorium	TB	County	65	..	..	62	30
Kenosha, 40,472—Kenosha							
Kenosha Hospital	Gen	NPAssn	130	20	213	93	1,500
St. Catherine's Hospital and Sanatorium	Gen	Church	65	15	230	10	600
Willowbrook Sanatorium	TB	County	50	..	..	25	25
Kewaunee, 2,759—Kewaunee							
Kewaunee Hospital	Gen	Church	20	6	30	20	600
La Crosse, 30,614—La Crosse							
Grandview Hospital	Gen	NPAssn	100	10	72	6	1,160
La Crosse Hospital	Gen	NPAssn	0	12	24	15	1,120
La Crosse Lutheran Hospital*	Gen	Church	115	9	115	80	2,251
St. Francis Hospital*	Gen	Church	275	0	310	110	3,000
Ladysmith, 3,422—Rusk							
St. Mary's Hospital	Gen	Church	25	5	42	12	370
Lancaster, 3,490—Grant							
Godfrey Hospital	Gen	Indiv	12	6	..	4	...
Laona, 1,792—Forest							
Ovitz Hospital	Gen	Indiv	15	4	20	11	300
Madison, 57,899—Dane							
Lake View Sanatorium	TB	County	140	..	..	105	60
Madison General Hospital*	Gen	NPAssn	135	25	221	85	2,501
Methodist Hospital*	Gen	Church	150	30	180	85	2,500
Northern Sanatorium	TB	NPAssn	65	..	..	30	50
Normandale	N&M	Corp	20	..	..	20	150
St. Mary's Hospital*	Gen	Church	175	30	257	90	3,414
State of Wisconsin General Hospital*	Gen	State	600	22	150	600	11,300
Wisconsin Orthopedic Hospital for Children	(Included in State of Wisconsin Gen. Hosp.)						
Wisconsin Psychiatric Inst.	(Included in State of Wisconsin Gen. Hosp.)						
Manitowoc, 21,696—Manitowoc							
Holy Family Hospital*	Gen	Church	125	20	160	62	1,700
Marinette, 12,756—Marinette							
Marinette and Menominee Hosp.	Gen	Corp	80	12	121	27	1,072
Marshfield, 6,775—Wood							
St. Joseph's Hospital*	Gen	Church	150	15	202	60	2,202
Mauston, 2,167—Juneau							
Mauston Hospital	Gen	Corp	45	6	40	13	600
Medford, 3,624—Taylor							
Medford Clinic	Gen	Corp	24	6	27	15	340
Mendota, 125—Dane							
Wisconsin General Hospital	Ment	State	300	..	..	96	77
Wisconsin State Hospital for Insane	Ment	State	807	9*	5	671	272
Menomonie, 4,666—Dane							
Menomonie City Hospital	Gen	City	25	7	44	10	300
Merrill, 8,488—Lincoln							
Holy Cross Hospital	Gen	Church	30	11	67	17	642
Lincoln County Hospital	Gen	County	30	4	32	15	300
Milwaukee, 578,249—Milwaukee							
Columbia Hospital*	Gen	NPAssn	160	45	221	93	2,500
Evangelical Deaconess Hosp.**	Gen	Church	125	27	188	57	2,000
Johnson Emergency Hospital	Emerg	City	20	4	..	16	2,251
Milwaukee Children's Hosp.**	Chil	NPAssn	125	..	..	102	2,500
Milwaukee County Gen. Hosp.	(Included in Milwaukee County General Dispensary-Emerg. Unit Hospital, Wauwatosa)						
Milwaukee General Hospital*	Gen	NPAssn	130	20	200	81	1,979
Milwaukee Hospital, "The Pines"	Gen	Church	124	25	200	105	2,500
Misericordia Hospital*	Gen	Church	225	25	325	97	2,500
St. Rita Hospital*	Gen	NPAssn	145	25	225	97	2,500
Sacred Heart Hospital	Gen	Church	80	5	80	30	1,000
Sacred Heart Hospital*	Gen	Church	200	..	..	100	1,500
St. Anthony's Hospital	Gen	Church	125	20	210	85	2,500
St. Joseph's Hospital**	Gen	Church	225	30	325	125	4,000

Key to symbols and abbreviations is on page 1224

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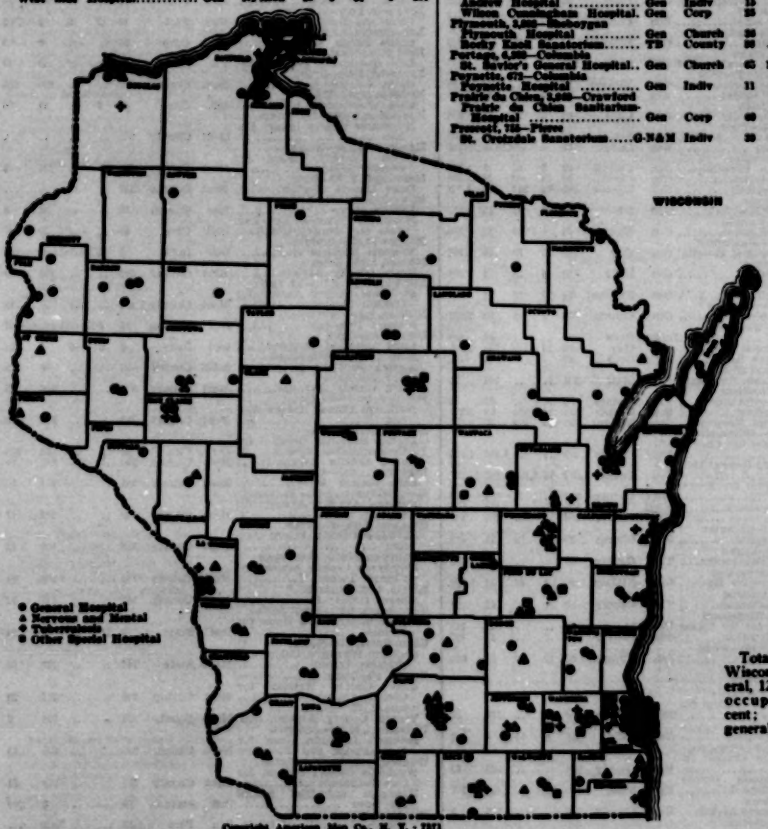
WISCONSIN—Continued

Hospitals and Sanatoriums	Type of Hosp.	Control	Number of Beds	Number of Bassinets	Number of Patients Admitted During Year	Number of Patients Remaining End of Year	Number of Patients Treated During Year	Number of Births During Year
St. Luke's Hospital	Gen	Church	150	17	984	88	1,011	
St. Mary's Hill Sanitarium	N&M	Church	110	..	..	60	288	
St. Mary's Hospital*	Gen	Church	125	17	651	124	1,299	
Shorewood Hospital-Sanit.	S&M	Corp	60	..	..	45	1,000	
South Side Hospital	Gen	NFAss	20	10	15	5	176	
South View Hospital	Gen	City	1,200	..	..	80	876	
Veterans Admin. Facility	G&TB	Vet	1,264	..	..	80	2,000	
West Side Hospital	Gen	NFAss	25	6	21	5	281	
Oshkosh, 62,916—Winnebago								
Mercy and St. Mary's Hospt. Lab.*	Gen	Church	150	20	350	65	2,774	
Park Falls, 2,462—Price								
Park Falls Hospital	Gen	Indiv	25	4	21	6	421	
Prescott, 1,587—Waukesha								
Oak Sanatorium	TB	County	35	..	..	35	39	
Platteville, 4,647—Grant								
Andrew Hospital	Gen	Indiv	15	4	7	4	178	
Wilson Cunningham Hospital	Gen	Corp	25	5	16	7	179	
Plymouth, 4,262—Sheboygan								
Plymouth Hospital	Gen	Church	25	6	84	11	279	
Rock Rest Sanatorium	TB	County	80	..	..	65	67	
Portage, 6,662—Columbia								
St. Xavier's General Hospital	Gen	Church	65	10	61	21	748	
Poynette, 675—Columbia								
Poynette Hospital	Gen	Indiv	11	2	14	2	74	
Prairie du Chien, 5,659—Crawford								
Prairie du Chien Sanitarium-Hospital	Gen	Corp	40	6	76	22	973	
Prescott, 722—Pierce								
St. Croixdale Sanatorium	G-N&M	Indiv	20	4	15	20	110	



● General Hospital
▲ Nervous and Mental
■ Tuberculosis
◆ Other Special Hospital

Total hospitals in Wisconsin, 223; general, 127; general beds occupied, 53.3 per cent; population per general bed, 266.

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Monroe, 5,951—Green							
Evangelical Deaconess Hosp.	Gen	Church	30	12	130	15	600
Mt. Horeb, 1,457—Dane							
Barker Hospital	Gen	Indiv	14	4	62	4	267
Neenah, 6,142—Winnebago							
Theda Clark Memorial Hosp.*	Gen	NFAss	85	17	331	49	1,303
New London, 4,021—Waupaca							
Community Hospital	Gen	Church	30	8	66	12	411
Memorial Hospital	Gen	Indiv	15	6	19	4	142
Oconomowoc, 4,126—Waukesha							
Oconomowoc Health Resort	N&M	Corp	75	..	..	60	70
Summit Hospital	Gen	Corp	25	6	54	20	345
Oconto, 4,629—Oconto							
Oconto County and City Hosp.	Gen	NFAss	20	6	No data supplied		
Oconto Falls, 1,241—Oconto							
Oconto Falls Hospital	Gen	NFAss	11	2	20	7	200
Omaha, 1,200—La Crosse							
Oak Forest Sanatorium	TB	County	60	..	..	50	72

Phillips, 1,675—Price							
Phillips Memorial Hospital	Gen	Indiv	15	4	21	6	421
Pittsville, 1,000—Wood							
Pittsville Hospital	Gen	Indiv	10	2	20	4	200
Platteville, 4,647—Grant							
Platteville Hospital	Gen	Indiv	15	4	7	4	178
Wilson Cunningham Hospital	Gen	Corp	25	5	16	7	179
Plymouth, 4,262—Sheboygan							
Plymouth Hospital	Gen	Church	25	6	84	11	279
Rock Rest Sanatorium	TB	County	80	..	..	65	67
Portage, 6,662—Columbia							
St. Xavier's General Hospital	Gen	Church	65	10	61	21	748
Poynette, 675—Columbia							
Poynette Hospital	Gen	Indiv	11	2	14	2	74
Prairie du Chien, 5,659—Crawford							
Prairie du Chien Sanitarium-Hospital	Gen	Corp	40	6	76	22	973
Prescott, 722—Pierce							
St. Croixdale Sanatorium	G-N&M	Indiv	20	4	15	20	110
Prentice (Bayfield P.O.)—Bayfield							
Parenty Sanatorium	TB	County	70	..	..	60	50
Racine, 67,542—Racine							
St. Luke's Hospital*	Gen	Church	150	60	445	20	3,781
St. Mary's Hospital	Gen	Church	150	60	300	42	2,262
Racy Rest Sanatorium	TB	County	50	..	..	50	50
Readsboro, 1,567—Rusk							
Readsboro Municipal Hospital	Gen	City	21	6	37	14	400
Rhinelander, 6,662—Oneida							
St. Mary's Hospital	Gen	Church	60	12	121	20	1,052
Rice Lake, 4,177—Barron							
Lakeside Methodist Hospital	Gen	Church	24	5	91	12	688
St. Joseph's Hospital	Gen	Church	50	6	84	15	800
Richard Center, 1,600—Richland							
Richland Hospital	Gen	NFAss	40	7	60	20	1,100
St. Croix Falls, 920—Polk							
St. Croix Falls Hospital	Gen	Indiv	25	6	41	11	367

Key to symbols and abbreviations is on page 1031

WISCONSIN—Continued

Hospitals and Sanatoriums	Type	Control	Bassinets	Adult Beds	Children's Beds	Total Beds	Annual Admissions	Total Patients
Shawano, 4,182—Shawano								
Shawano Municipal Hospital	Gen	Cy Co	25	9	32	25	673	
Sheboygan, 28,551—Sheboygan								
St. Nicholas Hospital	Gen	Church	120	27	207	80	1,910	
Sheboygan Memorial Hospital	Gen	NPAssn	91	25	132	20	1,197	
Shullsburg, 1,041—Lafayette								
Dr. Ennis' Hospital	Gen	Indiv	15	2	14	3	122	
South Milwaukee, 10,708—Milwaukee								
South Milwaukee Hospital	Gen	Indiv	13	5	45	4	139	
Sparta, 4,940—Monroe								
St. Mary's Hospital	Gen	Church	30	11	126	40	927	
Stanley, 1,464—Chippewa								
Victory Hospital	Gen	NPAssn	16	4	20	8	378	
Stateran, 50—Waukesha								
Wisconsin State Sanatorium*	TB	State	240	..	..	217	147	
Stevens Point, 12,822—Portage								
River Pines Sanatorium	TB	NPAssn	32	..	..	44	30	
St. Michael's Hospital	Gen	Church	60	15	60	60	1,350	
Stoughton, 4,681—Dane								
Stoughton Community Hosp.	Gen	Corp	20	8	96	11	393	
Sturgeon Bay, 4,882—Door								
Eyeland Hospital	Gen	Indiv	20	5	34	10	459	
Lockner Hospital	Gen	Indiv	15	4	No data supplied			
Superior, 35,112—Douglas								
Good Samaritan Hospital	Gen	Church	32	9	61	4	173	
St. Francis Hospital	Gen	Church	30	10	60	24	482	
St. Mary's Hospital*	Gen	Church	110	15	210	60	1,802	
Tomah, 4,584—Monroe								
Tomah Indian Hospital	Gen	I A	42	5	17	15	316	
Tomahawk, 2,918—Lincoln								
Sacred Heart Hospital	Gen	Church	42	6	17	12	382	
Two Rivers, 10,422—Manitowoc								
Two Rivers Municipal Hospital	Gen	City	37	10	70	20	702	
Viroqua, 2,782—Vernon								
Viroqua Hospital	Gen	Indiv	19	6	23	4	264	
Washington, 1,582—Ozaukee								
Washburn Hospital	Gen	NPAssn	14	5	13	4	189	
Watertown, 10,413—Jefferson								
St. Mary's Hospital	Gen	Church	30	9	173	33	1,576	
Waukesha, 17,716—Waukesha								
The Pines	Int Med	Corp	75	..	..	25	630	
Waukesha Municipal Hospital	Gen	City	72	15	230	32	1,970	
Waukesha Springs Sanit.	N&M	Corp	40	..	..	..	..	
Waupaca, 4,726—Fond du Lac								
Central State Hosp. for Insane	Ment	State	204	..	..	200	75	
Wausau, 32,426—Marathon								
Mount View Sanatorium*	TB	County	60	..	..	61	75	
St. Mary's Hospital*	Gen	Church	120	10	220	62	2,317	
Wausau Memorial Hospital*	Gen	NPAssn	95	15	120	60	1,621	
Wauwatosa, 21,106—Milwaukee								
Milwaukee Asylum for Chronic Insane	Ment	County	1,400	..	..	1,402	1,625	
Milwaukee County General Hospital*	Gen	County	1,600	75	1,200	600	15,597	
Milwaukee Hospital for Mental Diseases*	Ment	County	200	..	..	210	470	
Milwaukee Sanitarium*	N&M	Corp	120	..	..	114	710	
Muirdale Sanatorium*	TB	County	400	..	..	420	617	
West Bend, 4,702—Washington								
St. Joseph's Hospital	Gen	Church	25	7	20	11	300	
West De Pere, 4,298—Brown								
Hickory Grove Sanatorium	TB	County	60	..	..	62	130	
Whitehall, 915—Trempealeau								
Whitehall County Hosp.	Gen	NPAssn	40	4	40	14	300	
Whitelaw, 350—Manitowoc								
Maple Crest Sanatorium	TB	County	30	..	..	40	20	
Winnebago, 1,125—Winnebago								
Northern Hosp. for the Insane	Ment	State	600	..	..	602	711	
Sunny View Sanatorium	TB	County	60	..	..	56	127	
Wisconsin Rapids, 8,756—Wood								
Riverview Hospital	Gen	NPAssn	30	10	67	23	900	

Related Institutions

Appleton, 25,501—Outagamie								
Outagamie County Asylum for Chronic Insane	Ment	County	190	..	..	185	39	
Barron, 1,523—Barron								
Barron City Hospital	Gen	Indiv	16	9	15	5	160	
Chippewa Falls, 9,259—Chippewa								
Chippewa County Chronic Insane Asylum	Ment	County	271	..	..	260	45	
Northern Wisconsin Colony and Training School	MeDe	State	1,600	..	..	1,474	197	
Dodgeville, 1,567—Iowa								
Iowa County Insane Asylum	Ment	County	145	..	..	143	9	
Dousman, 356—Waukesha								
Wisconsin Masonic Home and O. E. S. Hospital	Inst	Frat	20	..	..	18	18	
Eau Claire, 28,267—Eau Claire								
Eau Claire County Insane Asylum	Ment	County	220	..	..	180	22	
Elkhorn, 5,240—Walworth								
Walworth County Hospital	Ment	County	160	..	..	131	15	
Ellsworth, 1,124—Pierce								
Ellsworth Hospital	Gen	Indiv	5	4	No data supplied			
Fond du Lac, 24,426—Fond du Lac								
Fond du Lac County Insane Asylum	Ment	County	220	..	..	205	23	
Green Bay, 37,415—Brown								
Brown County Insane Asylum	Ment	County	170	..	No data supplied			
Wisconsin State Reformatory Hospital	Inst	State	21	..	..	9	244	
Hanna, 515—Douglas								
Douglas County Asylum, Home and Sanatorium	Ment	County	240	..	..	220	21	

WISCONSIN—Continued

Related Institutions	Type	Control	Bassinets	Adult Beds	Children's Beds	Total Beds	Annual Admissions	Total Patients
Janesville, 21,420—Rock								
Detention Hospital	Inv	City	7	..	..	..	3	
Rock County Hospital	Ment	County	120	6	6	120	50	
Jefferson, 5,620—Jefferson								
Jefferson County Asylum for Chronic Insane	Ment	County	120	..	..	127	25	
Juneau, 1,154—Dodge								
Dodge County Insane Asylum and Poor House	Ment	County	220	..	..	205	75	
Kewaunee, 2,402—Kewaunee								
Dana and Dockry Hospital	Gen	Part	10	2	6	1	60	
Lake Geneva, 2,972—Walworth								
Crane Farms Sanatorium	Conv	Corp	10	..	..	6	65	
Lake Tomahawk, 60—Oneida								
Lake Tomahawk State Camp	TB	State	62	..	..	60	60	
Lancaster, 5,625—Grant								
Grant County Asylum	Ment	County	275	..	..	265	265	
Madison, 57,899—Dane								
East Washington Hospital	Inv	City	54	4	..	11	110	
Manitowoc, 22,258—Manitowoc								
Manitowoc County Insane Asylum	Ment	County	200	..	..	..	..	
Marshfield, 5,778—Wood								
Wood County Asylum for Chronic Insane	Ment	County	215	..	..	224	8	
Menomonie, 4,596—Dunn								
Dunn County Asylum	Ment	County	132	..	..	..	..	
Milwaukee, 578,249—Milwaukee								
Layton Home	Inc	Church	22	..	..	22	9	
Marquette University Eye, Ear, Nose and Throat Hospital	ENT	Corp	45	..	..	10	267	
Mondovi, 1,462—Buffalo								
Mondovi Hospital	Gen	Indiv	6	3	No data supplied			
Monroe, 5,015—Green								
Green County Asylum	Ment	County	200	..	..	181	10	
Mount Richmond, 2,119—St. Croix								
St. Croix County Asylum for Chronic Insane	Ment	County	160	..	..	..	15	
Niagara, 2,625—Marinette								
Niagara Hospital	Gen	NPAssn	10	4	No data supplied			
Osceola, 627—Polk								
Ladd Memorial Hospital	Gen	Indiv	8	2	10	4	108	
Oshkosh, 40,108—Winnebago								
Alexian Brothers Hospital	N&M	Church	75	..	..	10	74	
Owen, 1,162—Clark								
Clark County Asylum	Ment	County	112	..	..	200	15	
Probtigo, 1,579—Marinette								
Marinette County Insane Asylum	Ment	County	215	..	..	210	10	
Racine, 67,542—Racine								
Lincoln Memorial Hospital for Communicable Disease	Inc	City	40	2	..	32	200	
Racine County Asylum	Ment	County	250	..	..	250	77	
Reedsburg, 2,057—Sauk								
Sauk County Asylum	Ment	County	101	..	..	104	15	
Richland Center, 3,622—Richland								
Richland County Asylum for Chronic Insane	Ment	County	140	..	..	134	17	
Shawano, 4,182—Shawano								
Shawano County Insane Asylum	Ment	County	102	..	..	102	12	
Sheboygan, 28,551—Sheboygan								
Sheboygan County Asylum for Chronic Insane	Ment	County	200	..	..	204	21	
Sparta, 4,940—Monroe								
Monroe County Insane Asylum	Ment	County	141	..	..	117	32	
Taycheedah, 1,402—Fond du Lac								
Wisconsin Industrial Home for Women	Inst	State	5	17	11	3	84	
Union Grove, 725—Racine								
Southern Wisconsin Colony and Training School	MeDe	State	720	..	..	727	69	
Verona, 425—Dane								
Dane County Asylum for Chronic Insane	Ment	County	284	..	..	274	22	
Viroqua, 2,782—Vernon								
Vernon County Asylum	Ment	County	120	..	..	124	7	
Watertown, 10,413—Jefferson								
Bethesda Lutheran Home for Feeble-minded and Epileptics	MeDe	Church	265	..	..	260	45	
Waukesha, 17,176—Waukesha								
Waukesha County Asylum for Chronic Insane	Ment	County	215	..	..	218	61	
Wisconsin Industrial School for Boys	Inst	State	10	..	..	2	200	
Waupaca, 3,121—Waupaca								
Waupaca Hospital and Clinic	Gen	Part	12	..	..	New	..	
Waupun, 3,768—Fond du Lac								
Dr. Clark and Swarts Hosp.	Gen	Part	5	4	20	4	120	
Wisconsin State Prison Hosp.	Inst	State	20	..	..	15	201	
Wausau, 32,426—Marathon								
Marathon County Asylum for Chronic Insane	Ment	County	177	..	..	220	23	
Marathon County Home and Hospital	Inst	County	10	..	..	45	121	
Wauwatosa, 21,106—Milwaukee								
Blue Mound Preventorium	(Included in Muirdale Sanatorium)							
Milwaukee County Home for Children	Inst	County	60	..	..	52	1,184	
St. Camillus Hospital	Inst	Church	60	..	..	57	62	
Salvation Army Martha Washington Women's Home and Hospital	Mat	Church	9	25	200	..	170	
West Bend, 4,702—Washington								
Washington County Asylum for Chronic Insane	Ment	County	120	..	..	140	6	

Key to symbols and abbreviations is on page 1091

WISCONSIN—Continued

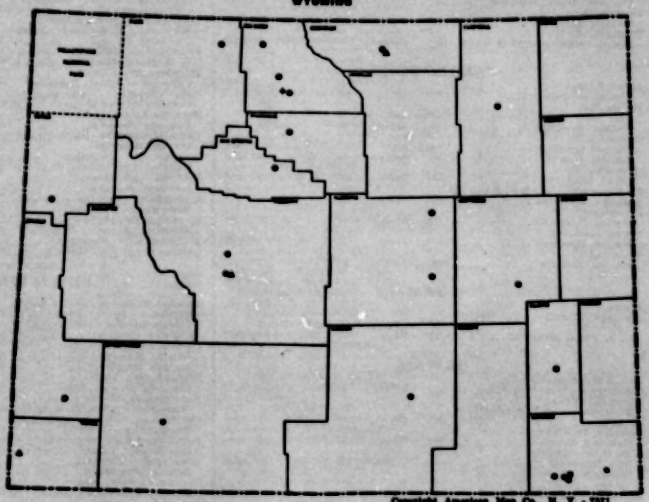
Selected Institutions	Class	Control	Bassinets	Beds	Average Patients	Patients Admitted
West Salem, 1,611—La Crosse						
La Crosse County Asylum for Insane	Ment	County	25	..	230	19
Waynesboro, 1,597—Waupaca						
Waupaca County Insane Asylum	Ment	County	184	..	174	25
Whitehall, 915—Trempealeau						
Trempealeau County Asylum for Chronic Insane	Ment	County	145	..	124	8
Winnebago, 1,125—Winnebago						
Winnebago County Asylum	Ment	County	240	..	249	18
Wisconsin Veterans Home, 117—Waupaca						
Grand Army Home for Veterans	Inst	State	400	..	149	282
Wyocena, 420—Columbia						
Columbia County Asylum	Ment	County	200	..	145	17

Summary for Wisconsin:	Number	Beds	Average Patients	Patients Admitted
Hospitals and sanatoriums	133	10,575	12,790	184,010
Related institutions	45	10,891	9,884	6,722
Totals	178	20,466	22,682	190,771
Refused registration	5	284		

WYOMING—Continued

Hospitals and Sanatoriums	Class	Control	Bassinets	Beds	Average Patients	Patients Admitted
Midwest, 2,122—Natrona						
Midwest Hospital	Gen	NPAssn	18	3	40	6	288
Powell, 1,126—Park						
Whitlock Hospital	Gen	Corp	20	4	24	6	228
Rock Springs, 5,449—Sweetwater						
Wyoming General Hospital	Gen	State	100	8	200	50	2,500
Sheridan, 6,535—Sheridan						
Sheridan County Memorial Hospital	Gen	County	65	12	200	20	1,462
Veterans Admin. Facility	Ment	Vet	600	..	..	657	122
Wheatland, 1,507—Platte						
Wheatland General Hospital	Gen	NPAssn	40	7	20	11	1,320
Worland, 4,021—Washakie						
Dr. Gray's Hospital	Gen	Indiv	11	2	..	..	...
Selected Institutions						
Basin, 998—Big Horn						
Basin Hospital	Gen	Corp	15	2	9	2	60
Cheyenne, 17,251—Laramie						
Laramie County Isolation Hospital	Iso	County	15	..	..	1	5
Gillette, 1,342—Campbell						
Rooney Hospital	Gen	Indiv	20	8	20	5	176

WYOMING



● General Hospital
▲ Nervous and Mental
◆ Tuberculosis
■ Other Special Hospital

Total hospitals in Wyoming, 27; general, 20; general beds occupied, 50.3 per cent; population per general bed, 269.

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WYOMING

Hospitals and Sanatoriums	Class	Control	Bassinets	Beds	Average Patients	Patients Admitted
Basin, 998—Big Horn						
Wyoming Tuberculosis Sanat.	TB	State	30	..	..	20	31
Burns, 254—Laramie						
Burns Hospital	Gen	Indiv	15	5	20	5	168
Casper, 14,029—Natrona						
Memorial Hospital of Natrona County	Gen	County	60	10	127	42	1,324
Cheyenne, 17,251—Laramie						
Memorial Hospital of Laramie County	Gen	County	117	15	177	40	1,127
Veterans Admin. Facility	Gen	Vet	100	..	..	New	...
Douglas, 1,917—Converse						
Douglas Hospital	Gen	Indiv	15	4	25	9	311
Evanston, 3,875—Uinta						
Wyoming State Hospital	Ment	State	519	..	..	606	117
Ft. Warren, 89—Laramie						
Station Hospital	Gen	Army	114	6	142	20	1,540
Ft. Washakie, 61—Fremont						
Shoshone Indian Hospital	Gen	I A	25	6	44	12	273
Gebo, 894—Hot Springs						
Gebo Hospital	Gen	NPAssn	15	4	15	5	200
Jackson, 826—Teton						
St. John's Hospital	Gen	Church	25	4	10	6	419
Kemmerer, 1,894—Lincoln						
Lincoln County Miner's Hosp.	Gen	NPAssn	20	5	42	12	422
Lander, 1,428—Fremont						
Bishop Randall Hospital	Gen	Church	20	6	20	5	250
Greybull, 1,626—Big Horn						
St. Luke's Hospital	Gen	Indiv	8	1	6	2	107
Hanna, 1,422—Carbon						
Hanna Hospital	Gen	NPAssn	10	6	8	2	84
Lander, 1,428—Fremont						
Wyoming State Training School	MeDe	State	297	..	..	272	33
Lovell, 1,457—Big Horn						
Lovell Hospital	Gen	Indiv	6	4	24	3	130

Summary for Wyoming:	Number	Beds	Average Patients	Patients Admitted
Hospitals and sanatoriums	20	1,040	1,388	12,427
Related institutions	7	271	288	695
Totals	27	1,320	1,676	13,122
Refused registration	3	165		

ALASKA

Hospitals, Sanatoriums and Related Institutions	Class	Control	Bassinets	Beds	Average Patients	Patients Admitted
Anchorage, 2,277						
Anchorage Base Hospital	Gen	Fed	25	6	40	13	1,003
Cordova, 699						
Cordova General Hospital	Gen	Indiv	20	4	16	7	214
Fairbanks, 3,191						
St. Joseph's Hospital	Gen	Church	20	4	27	..	449
Ft. Yukon, 204						
Hudson Stuck Memorial Hosp.	Gen	Church	40	2	..	..	...

Key to symbols and abbreviations is on page 1024

ALASKA—Continued

Hospitals, Sanatoriums and Related Institutions	Type	Control	Beds	Bassinets	Patients Admitted	Patients Died	Births
Haines, 344							
Station Hospital	Gen	Army	12	2	11	4	169
Juneau, 4,058							
St. Ann's Hospital	Gen	Church	75	8	59	17	624
U. S. Hospital for Natives	G&TB	I A	30	6	59	44	257
Kanakanak, 177							
Kanakanak Native Hospital	Gen	I A	10	2	21	10	103
Kennecott, 217							
Kennecott Copper Corporation Hospital		Indus Corp	12	4	..	..	...
Ketchikan, 3,791							
Ketchikan General Hospital	Gen	Church	45	6	27	9	654
Kotzebue, 291							
Government Hosp. for Natives	Gen	I A	16	2	10	11	109
Mountain Village, 82							
U. S. Hospital for Natives	Gen	I A	10	2	1	11	128
Nome, 1,213							
Maynard-Columbus Hospital	Gen	Church	20	5	10	5	178
Petersburg, 1,232							
Petersburg General Hospital	Gen	City	10	2	10	3	122
Point Barrow, 62							
Presbyterian Hospital of Point Barrow	Gen	Church	12	4	..	..	...
Seward, 655							
Seward General Hospital	Gen	Church	21	3	15	13	215
Sitka, 1,595							
Pioneers' Home Hospital	Inst	Ter	25	..	..	28	89
Tanana, 105							
Tanana Hospital	Gen	I A	20	1	16	22	151
Wrangell, 949							
Bishop Rowe General Hospital	Gen	Church	15	3	10	5	116

CANAL ZONE

Ancon, 1,149							
Gorgas Hospital[b]	Gen	Fed	850	24	443	270	9,975
Balboa, 2,288							
Palo Seco Leper Colony	Lepro	Fed	110	..	..	105	6
Station Hospital	Gen	Army	35	..	..	15	739
Coronal, 1,799							
Coronal Hospital	Ment	Fed	225	..	..	171	119
Station Hospital	Gen	Army	24	..	..	20	1,911
Cristobal, 839							
Colon Hospital	Gen	Fed	120	15	388	76	4,169
Ft. Randolph (Coco Solo P.O.), 734							
Station Hospital	Gen	Army	12	..	..	6	601
Ft. Sherman, 705							
Station Hospital	Gen	Army	47	..	..	20	574
France Field, 701							
Station Hospital	Gen	Army	14	..	..	1	389
Gatun, 2,314							
Station Hospital	Gen	Army	60	..	..	..	...

GUAM

Agana							
Buenas Hospital for Natives of Guam	(Included in U. S. Naval Hospital)						
U. S. Naval Hospital	Gen	Navy	10	..	137	10	2,577

HAWAII

Aiea, 3,021—Honolulu							
Honolulu Plantation Hospital	Gen	NPAssn	20	4	16	10	200
Hanalei, 812—Kauai							
McBryde Sugar Company Hospital	Gen	Corp	25	3	54	27	1,025
Hakalau, 561—Hawaii							
Hakalau Hospital	Gen	Corp	25	2	9	7	300
Hilo, 10,460—Hawaii							
Hilo Memorial Hospital	Gen	County	125	10	115	95	1,307
Puumaile Home for Tuberculosis	TB	Ter	100	..	..	..	...
Honoka, 1,620—Hawaii							
Honoka Sugar Company and Pacific Sugar Mill Plantation Hospital		Indus NPAssn	25	..	..	..	...
Honolulu, 137,634—Honolulu							
Japanese Hospital	Gen	NPAssn	150	..	..	..	...
Kalihi Receiving Station	Lepro	Ter	200	..	..	..	...
Kapiolani Maternity and Gynecological Hospital	Gyn&Mat	NPAssn	30	20	697	25	1,303
Koolauloa Children's Hosp.	Chil	NPAssn	60	..	..	34	1,265
Leahi Home	TB	NPAssn	440	..	..	404	213
Queen's Hospital[c]	Gen	Corp	194	15	882	124	5,274
St. Francis Hospital	Gen	Church	53	6	80	25	1,139
Shriners Hospital for Crippled Children	Orth	Frat	20	..	..	27	79
Tripler General Hospital	Gen	Army	250	12	92	140	2,882
Hoolehua, 1,147—Honolulu							
Robert W. Shingle Jr. Memorial Hospital	Gen	Church	12	4	25	5	140
Kahuku, 1,147—Honolulu							
Kahuku Plantation Company's Hospital	Gen	NPAssn	20	5	77	15	367
Kalaupapa,—Kalawao							
Kalaupapa Hospital	Lepro	Ter	10	6	13	28	100
Kapaahu (Honolulu P.O.), 119—Honolulu							
Territorial Hospital	Ment	Ter	765	..	..	720	383
Kealakekua, 350—Hawaii							
Kona County Hospital	Gen	County	24	2	..	..	...
Koloa, 1,102—Kauai							
Koloa Hospital	Gen	Corp	10	2	20	13	324
Samuel Mahelona Memorial Hospital	TB	County	100	..	..	61	41
Kilauea, 1,500—Kauai							
Kilauea Sugar Plantation Hosp.	Gen	Corp	10	2	..	..	...

HAWAII—Continued

Hospitals, Sanatoriums and Related Institutions	Type	Control	Beds	Bassinets	Patients Admitted	Patients Died	Births
Kohala, 778—Hawaii							
Kohala Hospital	Gen	County	27	3	82	10	205
Koloa, 1,844—Kauai							
Koloa Sugar Company's Hosp.	Gen	Corp	20	3	20	11	205
Kula (Waiakoa P.O.), 25—Maui							
Maui County Farm and Sanit.	G&TB	County	240	2	27	215	705
Lahaina, 2,725—Maui							
Pioneer Mill Company's Hosp.	Gen	Corp	27	9	200	45	1,720
Lanai City—Maui							
Lanai Hospital	Gen	Corp	20	4	60	11	400
Lihue, 2,202—Kauai							
Lihue Hospital	Gen	NPAssn	45	6	..	..	...
Mahaweli, 974—Kauai							
Hawaiian Sugar Co. Hospital	Gen	NPAssn	40	6	22	21	610
Olaa, 307—Hawaii							
Olaa Hospital	Gen	Corp	20	4	9	22	205
Oahuka, 225—Hawaii							
Hospital of Kahuku Sugar Co.	Indus	Corp	5	..	..	7	84
Paauhau, 525—Hawaii							
Paauhau Plantation Co. Hosp.	Gen	Corp	15	2	10	6	250
Paauilo, 1,522—Hawaii							
Paauilo Hospital	Gen	Corp	12	2	6	8	202
Pahala, 250—Hawaii							
Hawaiian Agricultural Company Hospital	Gen	Corp	19	6	79	7	712
Paia, 4,171—Maui							
Maui Agricultural Company's Paia Hospital	Gen	NPAssn	102	10	..	..	...
Pearl City, 1,671—Honolulu							
Waimano Home for Feebleminded Persons	MeDe	Ter	221	..	..	221	6
Pearl Harbor, 250—Honolulu							
U. S. Naval Hospital	Gen	Navy	175	..	..	129	1,300
Puunene, 650—Maui							
Puunene Central Hospital	Gen	Corp	25	6	167	13	675
Pukoo, 50—Maui							
Ualapue Hospital	Gen	County	20	2	..	..	...
Puunene, 4,000—Maui							
Puunene Hospital	Gen	Corp	100	12	300	60	1,627
Schofield Barracks (Honolulu P.O.), 4,220—Honolulu							
Station Hospital	Gen	Army	200	12	70	200	1,575
Waiakoa, 4,311—Honolulu							
Waiakoa Agricultural Co. Hosp.	Gen	NPAssn	25	4	47	14	600
Wailuku, 6,200—Maui							
Mahinui Hospital	Gen	County	20	11	710	64	913
Waimanalo, 1,500—Honolulu							
Waimanalo Hospital	Gen	NPAssn	10	..	..	..	...
Waiohinu, 100—Hawaii							
Kaahuae Memorial Hospital	Gen	County	20	2	..	..	...
Waipahu, 5,674—Honolulu							
Oahu Sugar Co. Hosp.	Gen	NPAssn	30	8	173	42	1,180

PHILIPPINE ISLANDS

Bacolod, 19,338—Occidental Negros							
Occidental Negros Prov. Hosp.	Gen	Gov't	77	4	..	30	1,567
Provincial Maternity and Children's Hospital	Mat&Ch	Gov't	60	16	..	..	...
Baguio, 5,421—Benguet							
Baguio Hospital[d]	Gen	Gov't	67	..	..	..	...
Station Hospital	Gen	Army	60	2	66	3	122
Barili, 21,451—Cebu							
Hospicio de San Jose	Inf	Gov't	25	..	..	..	...
Batangas, 41,162—Batangas							
Batangas Provincial Hospital	Gen	Gov't	20	5	..	..	...
Bayombong, 4,554—Nueva Vizcaya							
Bayombong Hospital	Gen	Gov't	20	..	..	..	...
Binalbagan, Log.—Occidental Negros							
Binalbagan Estate Hospital	Gen	Corp	15	..	10	2	90
Bontoc, 600—Mountain							
Bontoc Hospital	Gen	Gov't	25	5	..	..	...
Butuan, 9,328—Agusan							
Butuan Public Hospital	Gen	Gov't	24	..	11	24	917
Cabanatuan, 15,302—Nueva Ecija							
Nueva Ecija Provincial Hosp.	Gen	Gov't	30	6	21	40	1,325
Cagayan, 19,304—Misamis Oriental							
Cagayan Mission Hospital	Gen	Church	40	6	15	6	402
Misamis Oriental Prov. Hosp.	Gen	Gov't	25	2	20	21	720
Calamba, 10,282—Laguna							
Calamba Sugar Estate Hosp.	Gen	Corp	24	1	20	20	625
Calbiga, 15,526—Samar							
Capiz Provincial Hospital	Gen	Gov't	20	5	11	24	813
Capiz, 21,591—Capiz							
Emmanuel Hospital[b]	Gen	Church	70	4	21	41	1,402
Cavite, 22,102—Cavite							
Station Hospital	Gen	Army	120	8	107	60	1,501
U. S. Naval Hospital	Gen	Navy	105	..	..	120	1,450
Cebu, 65,326—Cebu							
Cebu Maternity House	Mat	NPAssn	20	27	600	14	732
Cheng Hoa Chinese Hospital	Gen	NPAssn	20	..	..	3	144
Southern Islands Hospital[b]	Gen	Gov't	110	6	165	94	3,201
Cotabato, 49—Cotabato							
Cotabato Public Hospital	Gen	Gov't	32	..	..	..	...
Culion—Palawan							
Culion Leper Colony Hosp.	Gen&Lepro	Gov't	250	16	128	250	1,071
Cuyo, 14,197—Palawan							
Cuyo Hospital	Gen	Gov't	20	..	8	7	274
Dagupan, 22,823—Pangasinan							
Pangasinan Provincial Hosp.	Gen	Gov't	30	..	..	..	...
Dumaguete, 15,000—Negros							
Leonor Public Hospital	Gen	Gov't	20	..	..	..	...
Dumaran, 12,000—Southern Palawan							
Rizal Memorial Hospital	Gen	Gov't	20	..	..	..	...
Duyan, 10,000—Samar							
Duyan Mission Hospital	Gen	Church	40	1	32	10	1,120
Duyan Public Hospital	Gen	Gov't	40	1	24	25	1,200

Key to symbols and abbreviations is on page 1201

PHILIPPINE ISLANDS—Continued

Hospitals, Sanatoriums and Related Institutions	Type of Service	Control	Bassinets	Beds and Cribs	Interns	Resident Physicians	Actively Used	Total Beds and Cribs
Del Carmen—Pampanga								
Del Carmen Hospital	Gen	Corp	27	3	..	..	..	...
Dipolog, 10,826—Zamboanga								
Dipolog Emergency Hospital	Gen	Gov't	12	..	..	..	..	...
Dumaguete, 10,527—Oriental Negros								
Dumaguete Mission Hospital	Gen	Church	40	6	21	27	27	99
Fabrica, 6,104—Occidental Negros								
Ino Hospital	Gen	Corp	30	..	21	25	27	27
Ft. Stotsenburg—Pampanga								
Station Hospital	Gen	Army	20	4	70	25	2,112	
Ft. William McKinley—Rizal								
Station Hospital	Gen	Army	27	..	..	25	1,870	
Guinayangan, 4,681—Tayabas								
Philippine Lumber Co. Hosp.	Indus	Corp	10	..	..	..	..	...
Iligan, 6,115—Iligan								
Iligan Mission Hospital[9]	Gen	Church	74	12	67	31	1,576	
St. Paul's Mission Hospital	Gen	Church	100	..	..	..	..	...
Isabela, 1,021—Zamboanga								
Basilan Lumber Hospital	Indus	Corp	24	..	..	..	..	...
Jolo, 5,705—Sulu								
Sulu Public Hospital	Gen	Gov't	40	..	..	..	..	...
Kabacan—Cotabato								
Pathfinder Estate Hospital	Gen	NPAssn	24	..	10	4	251	
Kiangan, 776—Ifugao								
Kiangan Hospital	Gen	Gov't	15	..	..	..	..	...
Kolambugan, 1,546—Lanao								
Kolambugan Hospital	Gen	NPAssn	24	2	..	..	..	...
Lacag, 12,428—Ilocos Norte								
Saint Luke Island Hosp.	Gen	Church	40	2	..	..	..	...
Legaspi, 12,705—Albay								
Albay Provincial Hospital	Gen	Gov't	25	7	..	..	..	...
Mayon Hospital	Gen	Church	20	6	..	..	..	...
Los Banos, 4,585—Laguna								
University of the Philippine Los Banos Infirmary	Gen	NPAssn	20	..	..	..	..	...
Lubuagan, 696—Kalinga								
Lubuagan Public Hospital	Gen	Gov't	8	..	4	7	220	
Lucena, 11,628—Tayabas								
Tayabas Provincial Hospital	Gen	Gov't	60	2	20	64	2,317	
Makati, 12,676—Rizal								
City Sanatorium	Sani	City	224	..	..	..	..	...
Malaybalay, 1,552—Bukidnon								
Bukidnon Public Hospital	Gen	Gov't	14	..	8	12	474	
Manila, 284,744—Manila								
Bureau Provincial Hospital	Gen	Gov't	20	6	25	29	1,179	
Mandaue, 21,224—Cebu								
Evenley Chiles Treatment Sta.	Lepro	Gov't	700	..	1	..	224	
Manila, 284,744—Rizal								
Bilibid Hospital	Inst	Gov't	220	..	..	..	..	...
Chinese Hospital[9]	Gen	NPAssn	125	25	24	65	1,250	
Hospital de San Juan de Dios[9]	Gen	Church	250	50	..	..	..	...
Mary Chiles Hospital	Gen	Indiv	70	15	45	31	1,766	
Mary J. Johnston Memorial Hospital[9]	Gen	Church	20	16	..	..	..	...
Maternity and Children's Hosp.	Mat&Ch	Gov't	24	20	..	..	..	...
Philippine General Hosp.[9]	Gen	Gov't	24	24	1,100	400	10,400	
St. Joseph's Hospital	Gen	Indiv	75	6	25	20	1,125	
St. Luke's Hospital[9]	Gen	Corp&Ch	125	25	25	25	1,000	
St. Paul's Hospital[9]	Gen	Corp&Ch	125	25	100	6	1,500	
St. Theresa's Hospital	Gen	Indiv	40	10	..	..	..	...
San Lazaro Hospital	Chlg	Gov't	100	..	..	100	4,000	
Sternberg General Hospital	Gen	Army	200	6	25	125	2,224	
Marawi—Lanao								
Marawi-Iligan Emergency Hosp.	Gen	Gov't	10	..	..	..	..	...
Motil, 2,420—Davao								
Motil Emergency Hospital	Gen	Gov't	6	..	..	..	..	...
Naga, 9,252—Camarines Sur								
Naga Hospital	Gen	Gov't	22	..	..	..	..	...
Obando—Bulacan								
Columbia Mission Hospital	Gen	NPAssn	17	6	..	..	..	...
Paoay, 10,626—Ilocos								
Harrison Hospital	Gen	Indiv	25	..	..	..	..	...
Mary Hall	Gen	Indiv	20	5	62	5	259	
Puerto Princesa, 5,447—Paragua								
Puerto Princesa Hospital	Gen	Gov't	16	..	..	..	..	...
Sagada, 187—Mountain								
St. Mary the Virgin Dispensary and Clinic	Gen	Church	20	6	..	..	..	...
San Fernando, 10,626—La Union								
Bethany Hospital	Gen	Church	24	6	44	17	277	
San Fernando, 21,224—Pampanga								
Pampanga Provincial Hospital	Gen	Gov't	20	..	..	..	..	...
San Jose—Antique								
Antique Provincial Hospital	Gen	Gov't	10	6	8	8	254	
San Juan del Monte, 6,000—Rizal								
Manila Medical Hospital	Gen	Indiv	100	..	..	25	..	
San Miguel, 10,147—Bulacan								
Ricdin Memorial Hospital	Gen	City	10	2	11	2	250	
San Pablo, 21,214—Laguna								
San Pablo Hospital	Gen	City	20	..	..	..	..	...
San Pedro, 4,304—Rizal								
Hospital Espanol de Santiago	Gen	NPAssn	40	10	..	..	..	...
San Roque—Cavite								
San Roque Maternity and Child. Gen's Hospital	Mat&Ch	Indiv	14	10	..	..	..	...
Santa Barbara, 10,212—Iloilo								
Western Visayan Treatment Station	Lepro	Gov't	250	..	..	..	251	
Santa Cruz, 14,158—Laguna								
Laguna Provincial Hospital	Gen	Gov't	60	9	..	25	1,047	
Santol—Rizal								
Santol Tuberculosis Sanat.	TB	NPAssn	271	..	..	202	202	
Silay, 8,000—Occidental Negros								
Silay Maternity and Children's Hospital	Gen	City	21	6	..	..	..	...

PHILIPPINE ISLANDS—Continued

Hospitals, Sanatoriums and Related Institutions	Type of Service	Control	Bassinets	Beds and Cribs	Interns	Resident Physicians	Actively Used	Total Beds and Cribs
Tacloban, 15,676—Leyte								
Bethany Hospital	Gen	Church	32	2	6	7	242	
Leyte Provincial Hospital	Gen	Gov't	21	3	..	..	..	...
Tagbilaran, 12,626—Bohol								
Bohol Provincial Hospital	Gen	Gov't	2	1	..	2	227	
Presbyterian Mission Hospital	Gen	Church	20	4	20	11	264	
Tanauan, 19,674—Leyte								
Maternity Hospital	Gen	NPAssn	20	..	..	..	..	...
Tarlac, 21,626—Tarlac								
Tarlac Provincial Hospital	Gen	Gov't	20	..	..	..	..	...
Vigan, 17,762—Ilocos Sur								
Ilocos Sur Provincial Hospital	Gen	Gov't	2	..	..	..	..	...
Philippine Christian Inst. Hosp.	Gen	Church	20	5	..	..	..	...
Zamboanga, 19,746—Zamboanga								
Brent Hospital	Gen	Church	20	2	..	..	..	...
San Ramon Prison Hospital	Inst	Gov't	20	..	..	..	..	...
Station Hospital	Gen	Army	20	..	..	2	120	
Zamboanga General Hosp.[9]	Gen	Gov't	20	10	120	62	1,227	

PUERTO RICO

Aguadilla, 13,251—Aguadilla								
Hospital Municipal	Gen	City	24	4	..	..	..	...
Aguada, 3,624—Aguadilla								
Municipal Hospital of Aguada	Gen	City	16	2	..	..	..	...
Bayamon, 10,222—San Juan								
Municipal Municipal de Bayamon	Gen	City	20	..	..	..	..	...
Cabo Rojo, 4,625—Mayaguez								
Municipal Municipal	Gen	City	10	..	10	15	170	
Cayey, 5,442—Guayama								
Clinica Dr. Vizcarrondo	Gen	Indiv	10	6	..	..	..	...
Fajardo, 7,225—Humacao								
Luis Manuel Municipal	Gen	City	20	..	125	20	1,297	
Guayama, 15,222—Guayama								
Municipal Municipal	Gen	City	20	4	62	10	300	
Hato Rey—San Juan								
Clinica Dr. H. Julia	N&M	Indiv	125	..	..	50	125	
Humacao, 7,327—Humacao								
Ryder Memorial	Gen	Church	45	6	100	10	1,214	
Juana Diaz, 5,425—Ponce								
Hospital Municipal	Gen	City	20	6	65	25	264	
Juncos, 4,287—Humacao								
Hospital Municipal	Gen	City	10	..	125	20	300	
Lares, 5,640—Aguadilla								
Clinica San Jose	Gen	Indiv	8	2	10	1	25	
Lares Municipal Hospital	Gen	City	20	..	70	25	250	
Las Piedras, 5,238—Humacao								
Las Piedras Municipal Hosp.	Gen	City	10	..	..	..	..	...
Loiza, 1,881—Humacao								
Loiza Municipal Hospital	Gen	City	10	..	60	10	200	
Manati, 7,446—Arecibo								
Hospital Municipal Manati	Gen	City	25	..	..	..	..	...
Manzabo, 1,117—Guayama								
Hospital "San Juan"	Gen	City	9	2	..	..	..	...
Mayaguez, 37,898—Mayaguez								
Mayaguez and Western Polyclinic	Gen	Indiv	70	..	35	45	300	
Mayaguez Sanatorium	Gen	Pvt	20	..	..	..	..	...
Manzabo, 4,887—Humacao								
Municipal Hospital	Gen	City	10	1	60	2	272	
Ponce, 31,425—Ponce								
Clinica Quirurgica del Dr. Pila	Gen	Indiv	125	16	20	170	1,000	
Municipal Municipal Tuberculosis	Gen	City	20	15	600	145	2,457	
St. Luke's Memorial Hospital	Gen	Church	40	6	..	..	....	
Sociedad Ayuda de Damas Hosp.	Gen	Church	150	..	..	..	....	
Quebradillas, 11,782—Aguadilla								
Hospital Municipal de Quebradillas	Gen	City	10	..	..	..	....	
Rio Piedras, 14,621—San Juan								
Insular Leper Colony	Lepro	Gov't	20	..	..	65	10	
Psychiatric Hospital of P. R.	Inst	Gov't	1,000	..	..	..	....	
Sanatorio de la Sociedad Española de Auxilio Mutuo y Beneficencia de Puerto Rico	Gen	Frat	120	20	24	75	1,200	
Salinas, 1,252—Guayama								
Hospital de Salinas	Gen	City	20	5	20	20	720	
San Juan, 114,716—San Juan								
Central City Hospital	Gen	City	225	60	1,027	200	6,700	
Hospital de la Protectoria	Inst	Gov't	20	20	..	..	....	
Presbyterian Hospital	Gen	Church	125	20	100	70	1,475	
Puerto Rico Sanatorium	Gen	NPAssn	20	..	..	..	....	
Quarantine Hospital	Gen	Gov't	20	..	..	..	250	
Station Hospital	Gen	Army	150	6	60	50	1,116	
University Hosp. of the School of Tropical Medicine[9]	Gen	Gov't	20	..	27	27	550	
Santurce—San Juan								
Santa Rosa Clinic	Gen	NPAssn	15	2	..	..	....	
Vega Baja, 4,784—Arecibo								
Vega Baja Municipal Hospital	Gen	City	20	6	21	20	540	
Yabucoa, 5,840—Humacao								
Yabucoa City Hospital	Gen	City	24	2	..	..	....	
Yauco, 5,627—Mayaguez								
Clinica "El Angelito"	Gen	Indiv	10	..	5	1	22	
Yauco Hospital	Gen	City	20	..	..	..	....	

VIRGIN ISLANDS

Christiansted, 2,727—St. Croix Island								
Christiansted Municipal Hosp.	Gen	City	20	6	..	..	....	
Virgin Islands Insane Asylum	Ment	City	25	..	..	..	....	
Virgin Islands Leper Asylum	Lepro	City	91	..	..	..	....	
Frederiksted, 1,652—St. Croix Island								
Frederiksted Municipal Hosp.	Gen	City	25	6	..	..	....	
St. Thomas, 7,988—St. Thomas Island								
Municipal Hospital	Gen	City	40	20	20	62	1,165	

Key to symbols and abbreviations is on page 1224

THE JOURNAL OF THE AMERICAN MEDICAL ASSOCIATION

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SATURDAY, MARCH 30, 1935

HOSPITAL DISTRIBUTION AND HOSPITAL SERVICE

In this issue of The Journal appear the usual list of hospitals registered by the American Medical Association and the data relative to bed capacity, the average number of patients and the patients admitted. At the same time there is made available a survey of the occupancy of various types of hospitals during the last year. The reports are based on a study of 6,334 hospitals with an average daily census of 830,098 patients. The figures indicate that one person in seventeen made use of a hospital during the year. The average length of stay per patient in general hospitals was fourteen days. The other data that are available indicate that hospitals have also improved in the provision of laboratory, x-ray and physical therapy services.

The number of hospitals now in the United States has decreased by 103 over the number reported one year ago. This loss is explained by the development of certain mergers, and the closing of hospital departments of certain custodial institutions. Especially significant in the statistics now made available are the data relative to the length of stay of patients in hospitals. The length of stay of patients in governmental and nonproprietary institutions is considerably beyond that in independent, proprietary and corporation hospitals.

While the figures show that the number of idle beds in 1934 reached a record total of some 218,000, the patient days in all hospitals were almost 303,000,000, a gain of more than 7,000,000 over the previous year.

Almost coincidental with the publication of these data by the hospital department of the American Medical Association there has appeared a consideration of the need for more hospitals in rural areas published under the auspices of the *Modern Hospital*.[1] The statement indicates that this study, made by Alden B. and Patsy Mills, involved spotting local and community hospitals in various parts of the country on maps and then analyzing the maps in relationship to statistics of population and measurements of distance. The results of the study indicate the fallacies that invariably arise in this type of survey. The authors conclude that 1,300 of the 3,075 counties of the United States containing 18,000,000 persons have no hospitals within their borders. They come to the conclusion that there are a considerable number of rural areas now without hospitals which ought to have them. The authors recognize that certain counties are often too small a unit to contain a satisfactory hospital and that frequently some counties do not have hospitals because good ones exist in cities just over the border in a neighboring county. Nevertheless an analysis made by the hospital department of the American Medical Association indicates the generally fallacious character of their observations. As shown in the accompanying table, 2,003 rural hospitals in the United States during 1934 had 50.2 per cent of their beds occupied. Moreover, 2,031 urban hospitals had 62.4 per cent of their beds occupied. While an occasional area might at this time actually require a hospital and be able to support one, the percentage of unoccupancy would indicate the hazard as either a commercial, scientific or philanthropic venture of attempting to establish new hospitals in a period of economic stringency such as now exists.

General Hospitals in Rural Areas Compared with Those in Urban Districts *

Rural: Places under 10,000 population. Urban: 10,000 and over.

	No. of Hospitals	Beds	Bassinets	Average Patients	Patients Admitted	Per Cent of Occupancy	Length of Stay
Rural.....	2,003	65,256	10,710	36,329	1,073,695	50.2	12 da.
Urban.....	2,031	232,623	37,221	170,909	5,022,429	62.4	13 da.

* Including all registered general hospitals except army, navy, marine and veterans.

Using the method developed by Mr. Mills and his associates for studying hospital distribution as applied to the state of Alabama, one finds a need in that state for 1,905 more hospital beds. In developing their data they included three Florida counties and two Mississippi counties in Alabama and assigned two Alabama counties to Mississippi. A restudy of the situation reveals, however, that those areas to which they allocate the 1,905 additional beds already have sixty general hospitals whose combined capacity is 3,842 beds, of which only 1,778 were occupied. This means an average of 2,064 idle beds in a territory assumed to require 1,905 additional beds. The detailed statistical data concerning this situation are available for those who are interested.

Above all, these comparative studies indicate the danger inherent in attempting to analyze local situations in states far removed on the basis of data found in card indexes in an office in Chicago. In another issue of the *Modern Hospital* appears a series of comments[2] by Michael M. Davis, Kendall Emerson, Samuel A.

1. Mills, A. B., and Mills, Patsy: The Need for More Hospitals in Rural Areas, Modern Hospital 44:50 (March) 1935.

2. Davis, M. M.: Proper Use of Government Funds for Hospital Care—A Symposium, Modern Hospital 43:80 (July) 1934.

Goldsmith, Fred K. Hoehler and Harry L. Lurie supporting the campaign of this journal for the building of more hospitals, again without any adequate recognition of the exact situation in the areas concerned. Thus the propaganda continues, based on preconceived notions rather than on exact and complete knowledge of the situation.

The conclusion is reached editorially in the *Modern Hospital* that government money available for public works should be assigned to the building of hospitals in some 500 or 600 rural sections which are presumed to need them, yet adequate data are not provided to indicate that these areas could actually support a hospital once the government had built it for them or that such a hospital could be adequately staffed from the medical profession available in the vicinity. Presumably Mr. Mills would have these 500 or 600 additional government hospitals staffed by physicians who would also be paid out of public funds.

The data concerning hospitals in this issue of THE JOURNAL are the most complete, accurate and up to date that have ever been assembled in any publication in this country. They represent a distinguished service of the Council on Medical Education and Hospitals to the medical profession and to the public. The maps should be studied with a comprehension of their geographic factors, the distribution of the population within the states concerned, the distribution of physicians, the per capita wealth of the community, the nature of its industry, and all the other data that are necessary to form a worthwhile opinion as to hospital services that are available and expansions that are possible.

THE CHEMISTRY OF THE HORMONES

Although the question of the chemical nature of the hormones has been a subject of interest for nearly two decades, progress in this field has been exceedingly difficult because of the lack of endocrine preparations of sufficient purity for accurate chemical studies. Recent extensive investigation, however, has led to vastly improved methods of preparation and ultimately to the isolation in pure crystalline form of a number of the hormones. Thus these heretofore inaccessible substances have been brought within the scope of attack by the chemist. Indeed, at present several hormones have been prepared in crystalline form and the chemical structure and method of synthesis of two of these have been definitely established. Also a number of other hormones have been prepared in a highly purified although noncrystalline state, and some information regarding their chemical properties has been obtained.

The first hormone to be isolated in crystalline form was epinephrine (1901). The determination of its chemical structure and synthesis followed within a few years. The structural similarity of epinephrine and tyramine, the decarboxylation product of the amino acid tyrosine, suggests the possibility that this compound may serve as a metabolic precursor of the hormone. Epinephrine is optically active, the naturally occurring levo form possessing far greater physiologic activity than its optical antipode. The isolation in 1914 of a second crystalline hormone, thyroxine, was followed at length by the elucidation of its chemical structure and by its synthesis (1926). The striking chemical characteristics of thyroxine are the presence of iodine in the molecule and the similarity of a portion of its structure to tyrosine. As in the case of epinephrine, thyroxine is optically active and the naturally occurring levo form is far more active than the dextro isomer. Subsequent to the isolation in crystalline form of an estrogenic hormone from the urine of pregnant women (theelin) in 1929 and the testis hormone from male urine in 1932, these substances have been the subject of intensive chemical studies. Their properties early aroused the belief that they were closely related to the sterols; indeed, they appeared to be derivatives of cholesterol. The most recent studies have supported this hypothesis.[1] At the present time the fact has been fairly well established that theelin is ketohydroxyestrin,[2] a derivative of phenanthrene, while the testis hormone differs from it only in the presence of a methyl group on the phenanthrene nucleus. The hydrated form of theelin, "theelol," is a trihydroxyestrin which differs from theelin in its estrogenic potency.

Of the other known hormones, insulin has been prepared in a high state of purity. Apparently, insulin is an extremely large, complex, protein-like molecule and contains a number of the common amino acids. This conception is strengthened by the fact that crystals of the amino acids tyrosine, cystine, arginine, proline, phenylalanine and histidine have been obtained from hydrolyzed insulin. Pure insulin has not yet been isolated in crystalline form, however; the crystalline compounds obtained have been found to consist of salts of zinc or cadmium. A notable advance has been made in the isolation of progestin, the progestational hormone of the corpus luteum; crystalline fractions have been obtained but these require more study. A number of other hormones, such as those of the anterior and posterior lobes of the hypophysis, parathyroid, gastrointestinal tract and thymus, have been prepared as physiologically active but chemically crude products. Particularly is this true in the case of the hormones of the anterior [3] and posterior [4] lobes of the hypophysis.

Thus, as was pointed out in the introduction [5] to the articles on endocrinology now appearing in THE JOUR-

1. Du Vigneaud, V.: The Chemistry of the Hormones from a Structural Standpoint, Scient. Monthly 40:138 (Feb.) 1935.
2. Doisy, E. C.: The Hormones and Their Chemical Relations, Lancet 1:931 (May 5), 987 (May 12), 1048 (May 19) 1934.
3. Evans, H. M.: Clinical Manifestations of Dysfunction of the Anterior Pituitary, J. A. M. A. 104:464 (Feb. 9) 1935. Smith, P. E.: General Physiology of the Anterior Hypophysis, ibid. 104:548 (Feb. 16) 1935.
4. Geiling, E. M. K.: The Posterior Hypophysis, J. A. M. A. 104:738 (March 2) 1935.
5. Fishbein, Morris: Glandular Physiology and Therapy: Introduction, J. A. M. A. 104:463 (Feb. 9) 1935.

NAL, while information regarding the chemistry of the hormones is far more elaborate today than a few years ago, "only a beginning has really been made in our knowledge of this exceedingly complex and fascinating field." In view of the current intensive work on the constitution of the hormones, it is safe to predict that the story of the chemistry of many more of these powerful regulators of physiologic processes will soon be revealed.

THE STRUCTURE OF THE CELL

The usefulness of microscopic sections in investigative and clinical work has long clouded the fact that such pictures of cell structures are obtained only after subjecting the tissue to various physical and chemical procedures in order to make them visible. The technical methods of fixation and staining yield beautiful colors and a variety of lines and shades, which are interpreted widely as evidence of what exists in the living cell, healthy or diseased; but this confidence in the reality of observations made by the usual technical methods has been gradually disappearing. The change in attitude has been aided by the results that have been achieved through direct studies of living tissue, made possible by dark field illumination, tissue culture, microdissection, micrometabolism, vital staining and other methods.

The defects of the ordinary stained microscopic section have become apparent also with the realization that morphology cannot be divorced from function and that function depends to a great extent on the chemical changes that constantly go on within and between cells. Many recent studies, for example, have shown that the cancer cell has characteristic properties referable not so much to its shape or form as to its chemical behavior, particularly in relation to the chemical behavior of normal cells. Attempts have been made for decades to study the actual chemical structure of cells, but the problem has been beset with many difficulties. In making cellular details visible, profound alterations in their physical and chemical state occur. Within the last few years, however, the Altmann freezing-drying method has been elaborated at the Hull Laboratory of Anatomy of the University of Chicago and has been found to yield preparations of undenatured material on which a number of cytologic problems have been investigated. These observations have been recently published in a series of papers by Bensely and Gersh [1] and by Bensely and Hoerr.[2]

First the Chicago investigators attacked the problem of the chemical nature of mitochondria, those structures in the cytoplasm to which important functions have been attributed. The mitochondria contain 43.6 per cent of fatty substances but no lecithin or cephalin. They contain two different proteins. The so-called Nissl substance of the nerve cell is not uniformly distributed through the cytoplasm. Their variations as seen in disease may be due in part at least to artefacts produced by the fixation methods. Still other experiments have led to new conceptions of the structure of the cell nucleus, indicating among other things the possibility of a synthesis of nucleoprotein in the nuclear juice. Such fundamental considerations as the actual chemical basis of the organization of the cell form the topic of additional observations. They lead to the elucidation of the great biochemical riddle of the difference between protoplasm and solutions of protein.

These results have profound significance. In inflammation and repair, in bacterial and metabolic disease and in cancer the mystery of cellular activity holds the ultimate key to our understanding of disease. Life itself in the last analysis depends on cell structure and behavior. Many tools have been used to pry open the secret of the cell, but tools are only the eye-pieces of the scientific worker. Industrious and intelligent as he is, the practical inferences from his work depend on how closely his vision reaches to reality. Technical methods are nowhere more important than in the domain of the microscopic world. The boundaries of vision extended by the microscope now await only such methods as will not distort the living cell but actually bring to light its chemical behavior. The investigations that are being carried on by Bensely and his co-workers are precisely in this direction.

1. Bensely, R. R., and Gersh, I.: Studies on Cell Structure by the Freezing-Drying Method: I. Introduction, Anat. Rec. 57:205 (Oct.) 1933; II. Nature of Mitochondria, ibid. 57:217 (Oct.) 1933; III. The Distribution in Cells of the Basophile Substances, ibid. 57:369 (Nov.) 1933. Bensely, R. R.: IV. The Structure of the Interkinetic and Resting Nuclei, ibid. 58:1 (Dec.) 1933.

2. Bensely, R. R., and Hoerr, N. L.: V. The Chemical Basis of the Organization of the Cell, Anat. Rec. 60:251 (Oct.) 1934; VI. The Preparation and Properties of Mitochondria, ibid. 60:469 (Nov.) 1934.

Current Comment

GENERAL SCIENTIFIC MEETINGS AT ATLANTIC CITY

The General Scientific Meetings arranged for the Cleveland session were so successful that they have been developed still further for the meeting to take place in Atlantic City from June 10 to 14. The complete program of the General Scientific Meetings appears under Association News in this issue of THE JOURNAL (page 1177). It will be noted that these meetings occupy three half-day periods on the first and second days of the annual session. They cover a wide variety of topics of current interest, including particularly changes in the blood, questions of diagnosis, and advances in endocrinology and therapeutics. These three special meetings, in which physicians from all over the United States and Canada will participate, constitute a concentrated postgraduate course for the general practitioner who wishes in a brief period to bring himself abreast of current knowledge in many fields.

Association News

THE ATLANTIC CITY SESSION

Program of the General Scientific Meetings

In the General Scientific Meetings, which are held on the first two days of the annual session, the following papers will be read:

MONDAY, JUNE 10—2 P. M.

Empyema in Children — JAMES M. MASON, Birmingham, Ala.
Treatment of Deficiency Conditions — C. P. RHOADS, New York
The Relationship of Drug Therapy to Agranulocytosis — ROY R. KRACKE, Emory University, Ga.
Our Knowledge Concerning the So-Called Lymphoblastomas — EDWARD B. KRUMBHAAR, Philadelphia
Growth, Normal and Abnormal — WILLIAM BOYD, Winnipeg, Manit.

TUESDAY, JUNE 11—9 A. M.

Evidence in Favor of a More Active Puerperium: A Study of Five Hundred Cases — H. B. ATLEE, Halifax, N. S.
Treatment of Diabetic Coma — HENRY J. JOHN, Cleveland
Pitfalls to be Avoided in Abdominal Diagnosis — JOHN M. T. FINNEY, Baltimore
Diet in Treatment of Disease — LOUIS H. NEWBURGH, Ann Arbor, Mich.
The Surgeon's Responsibility in Cases of Duodenal Ulcer — R. R. GRAHAM, Toronto, Ont.

TUESDAY, JUNE 11—2 P. M.

Recent Developments in the Field of Endocrinology — DAVID P. BARR, St. Louis
Scope of Thoracic Surgery — JOHN ALEXANDER, Ann Arbor, Mich.
Bone Changes in Certain Medical Diseases — A. H. GORDON, Montreal
Uses and Abuses of Modern Gland Products in Gynecologic Disorders — EMIL NOVAK, Baltimore
Advances in Therapeutic Technic — BERNARD FANTUS, Chicago

Golf Tournaments at Atlantic City, June 10

The American Medical Golfing Association will hold its twenty-first annual tournament at the Northfield Country Club in Atlantic City, Monday, June 10.

Thirty-six holes of golf will be played in competition for the seventy trophies and prizes in the nine events. Trophies will be awarded for the Association Championship, thirty-six holes gross, the Will Walter Trophy; the Association Handicap Championship, thirty-six holes net, the Detroit Trophy; the Championship Flight, First Gross, thirty-six holes, the St. Louis Trophy; the Championship Flight, First Net, thirty-six holes, the President's Trophy; the Eighteen Hole Championship, the Golden State Trophy; the Eighteen Hole Handicap Championship, the Ben Thomas Trophy; the Maturity Event, limited to Fellows over 60 years of age, the Minneapolis Trophy; the Oldguard Championship, limited to competition of past presidents, the Wendell Phillips Trophy; and the Kickers Handicap, the Wisconsin Trophy. Other events and prizes will be announced at the first tee.

Dr. Charles Lukens of Toledo is president and Dr. C. H. Henninger of Pittsburgh and Dr. John B. Morgan of Cleveland are vice presidents of the American Medical Golfing Association, which was organized in 1915 by Dr. Will Walter, Dr. Wendell Phillips and Dr. Gene Lewis, and now totals 1,100 members representing every state in the union. The first president, Dr. Wendell Phillips of New York, played in every tournament since 1915, until his death Nov. 16, 1934.

ATLANTIC CITY COMMITTEE

The Atlantic City Committee is under the chairmanship of Dr. Walt P. Conaway, 1723 Pacific Avenue, Atlantic City, assisted by Drs. I. R. Beir, John Pennington, Alfred Westney and Rostin White.

APPLICATION FOR MEMBERSHIP

All male Fellows of the American Medical Association are cordially invited to become members of the A. M. G. A. Write the Executive Secretary, Bill Burns, 4421 Woodward Avenue, Detroit, for an application blank. Participants in the A. M. G. A. tournament are required to furnish their home club handicap, signed by the secretary. No handicap over 25 is allowed, except in the Kickers' (Blind Bogey). Only active members of the A. M. G. A. may compete for prizes. No trophy is awarded a Fellow who is absent from the annual dinner.

MEDICAL BROADCASTS

Columbia Broadcasting System

The American Medical Association broadcasts on a western network of the Columbia Broadcasting System each Thursday afternoon on the Educational Forum from 4:30 to 4:45, central standard time. The next three broadcasts will be as follows:

April 4. Negro Health Week, W. W. Bauer, M.D.
April 11. Sickness Insurance, R. G. Leland, M.D.
April 18. "Catarrh," W. W. Bauer, M.D.

National Broadcasting Company

The American Medical Association broadcasts under the title "Your Health" on a Blue network of the National Broadcasting Company each Tuesday afternoon from 4 to 4:15, central standard time. The next three broadcasts will be as follows:

April 2. Sickness Insurance or Your Own Private Physician, R. G. Leland, M.D.
April 9. Crying for the Moon, W. W. Bauer, M.D.
April 16. Meeting a Challenge, W. W. Bauer, M.D.

Medical News

(PHYSICIANS WILL CONFER A FAVOR BY SENDING FOR THIS DEPARTMENT ITEMS OF NEWS OF MORE OR LESS GENERAL INTEREST: SUCH AS RELATE TO SOCIETY ACTIVITIES, NEW HOSPITALS, EDUCATION, PUBLIC HEALTH, ETC.)

ARIZONA

Society News.—The Pima County Medical Society was addressed in Tucson in February by Drs. Frank Gregory Connell, Oshkosh, Wis., on "Surgical Treatment of Peptic Ulcer," and Samuel J. Fogelson, Chicago, on "Mucin Treatment of Peptic Ulcer." Dr. John Alexander, Ann Arbor, discussed thoracic surgery before the society at the March meeting.

ARKANSAS

Bills Enacted.—The following bills have become laws: S. 267, requiring the homeopathic medical board, the eclectic medical board, the "State Medical Board of the Arkansas Medical Society," the board of osteopathic examiners, and the board of chiropractic examiners to file with the secretary of state a list of all persons who have been licensed within the past twenty years, and to file with the secretary of state similar lists with respect to all licenses to be issued in the future by them, within one week of the issuance of the licenses; H. 218, amending the medical practice act so as to authorize the board of medical examiners in its discretion to license without examination diplomates of the National Board of Medical Examiners, and H. 189, prohibiting the sale of barbituric acid derivatives and/or compounds thereof except on the prescription of a licensed physician.

CALIFORNIA

Society News.—The radiologic section of the Los Angeles County Medical Society presented the society with a speakers' stand recently.—Speakers before the Los Angeles Surgical Society, March 8, were Drs. Philip J. Murphy on "Diagnosis and Surgical Judgment in the Acute Abdomen"; Rafe C. Challe, "Vesicovaginal Fistula with a New Technic for Postoperative Treatment"; William H. Daniel, "Surgical Management of Carcinoma of the Rectum"; Edward J. Kilfoy, "Paralytic Ileus Following Removal of Cataract."——The Los Angeles Society of Neurology and Psychiatry devoted its meeting, March 20, to a symposium on the postconcussion syndrome; speakers were Drs. Arthur R. Timme, Cullen W. Irish, Johannes M. Nielsen, Carl W. Rand, Cyril B. Courville and

Samuel D. Ingham.——San Francisco reported an infant mortality rate of 33 per thousand in 1932, the lowest rate on record; an increase was noted in the birth rate, 10.4 per thousand.—— Dr. Frederick C. Warnshuis, San Francisco, addressed the San Francisco County Medical Society, March 12, on "The Medical Profession's Declaration of National Principles as Related to Medical Economics."

COLORADO

Narcotic Drug Law Enacted.—Two bills, which were approved by Governor Johnson March 16 and which were to become effective immediately, are of considerable interest to physicians. One of them (H. 557) prohibits the retail sale, except on the written prescription of a licensed physician, dentist or veterinarian, of barbital, sulphonethylmethane (trional), sulphonmethane (sulphonal), diethylsulphon diethylmethane (tetronal), paraldehyde, and chloral or chloral hydrate or any derivatives, compounds or mixtures of any of these drugs possessing hypnotic properties or effects. The other (H. 138) is the uniform narcotic drug act, drafted by the Conference of Commissioners on Uniform State Laws with the aid of the Bureau of Legal Medicine and Legislation of the American Medical Association, and approved by both the American Medical Association and the American Bar Association. The term "narcotic drug," as used in this law, includes coca leaves, opium, cannabis and every substance neither chemically nor physically distinguishable from them. A physician or a dentist, acting in good faith and in the course of his professional practice only, may prescribe, administer and dispense narcotic drugs, or he may cause them to be administered by a nurse or intern under his direction and supervision. Physicians and dentists are to keep a record of such narcotic drugs received by them and a record of all such drugs administered, dispensed or professionally used by them otherwise than by prescription. Uniform narcotic drug acts have been enacted in about fifteen other states. Both laws will be published in full in a coming issue of *Colorado Medicine*.

GEORGIA

Bill Passed.—H. 230 has passed the house, proposing to amend those provisions of the medical practice act which require an applicant for a license to be a graduate of a legally incorporated medical college in good standing with the board by permitting graduates "of one of the two colleges of medicine now existing in the state of Georgia" also to qualify.

Bills Introduced.—H. 918 proposes a new insurance code. Among other things, it proposes to permit any hospital or group of hospitals, not maintained by public funds, approved by the Georgia Hospital Association, the Georgia Medical Association, the American College of Surgeons or the American Medical Association, to form a nonprofit organization, to provide hospitalization to the public, in consideration of weekly, monthly or annual dues. H. 874, to supplement the chiropody practice act, proposes (1) that the joint secretary of the examining boards of Georgia act as joint secretary of the state board of chiropody examiners, (2) to provide that a member of the board may not be directly or indirectly associated or connected with any institution teaching chiropody, (3) to require all institutions in the state teaching chiropody to register the name of each student with the joint secretary not later than thirty days after the enrolment of that student and (4) to authorize the board to inspect and classify all institutions teaching chiropody.

ILLINOIS

Society News.—At a meeting of the Vermilion County Medical Society, March 6, Dr. Arthur H. Parmelee, Oak Park, spoke on "Respiratory Diseases in Children."——Dr. Chauncey C. Maher, Chicago, addressed the Whiteside County Medical Society, February 28, in Sterling, on hypertension.—— Dr. Harold O. Jones, Chicago, discussed "Diagnosis and Treatment of Carcinoma of the Cervix and Uterine Endometrium" before the Peoria City Medical Society, March 5.

Bills Introduced.—H. 672 proposes to prohibit the retail sale or distribution of veronal, barbital or any of their salts, derivatives or compounds except on the prescription of a licensed physician, dentist or veterinarian. H. 599, to amend the optometry practice act, proposes, among other things, (1) to require applicants for licenses to be citizens of the United States or to have received their first naturalization papers, (2) to prohibit corporations from practicing optometry and (3) to prohibit advertising that in any way will tend to deceive or defraud the public, the free examination of eyes or of fixed prices for optometric services. H. 634 proposes to require employers to install exhaust systems for removing dust and dirt from grinding, polishing and buffing operations.

Chicago

Anniversary of Maimonides.—The eight hundredth anniversary of Maimonides was observed at a celebration at the Standard Club, March 24. The occasion was also an observance of the tenth anniversary of the opening of the Hebrew University in Jerusalem. Dr. Morris Fishbein, editor of THE JOURNAL, was chairman. Rabbi Solomon Goldman gave an address on Maimonides, and Drs. Nathan O. Ratnoff, Marcus Rothschild and Israel Strauss, New York, spoke on the medical department of the Hebrew University.

Vitamin D Milk Standards Adopted.—The Chicago Board of Health has recently adopted rules and regulations for the production and control of vitamin D milk. Three processes for this purpose have been accepted, including ultraviolet irradiation, the addition of an approved vitamin D concentrate in a satisfactory manner, and the feeding of concentrated vitamin D substances to dairy cows under suitable conditions. A series of regulation application forms and other data have been developed to guide those who wish to apply to the board for permits to distribute such milk in the Chicago area.

Banquet in Honor of Dr. Tice.—About 1,400 persons attended a banquet in Chicago at the Palmer House, March 23, to honor the long services of Dr. Frederick Tice, clinical professor of medicine, Rush Medical College, to the Cook County Hospital and the Municipal Tuberculosis Sanatorium. Dr. Frank Jirka, state health commissioner, Springfield, was toastmaster. Addresses were made by many public officials and also Drs. William A. Pusey, Samuel R. Slaymaker, Allan J. Hruby and Morris Fishbein. Dr. Tice is also emeritus professor of medicine at the University of Illinois College of Medicine.

IOWA

Bill Passed.—S. 20 has passed the house, proposing that before any applicant for a license to practice medicine, osteopathy, osteopathy and surgery or chiropractic may be examined by his professional board he must first pass an examination before an impartial basic science board in anatomy, physiology, chemistry, pathology, bacteriology and hygiene.

Bills Introduced.—S. 220, to amend the chiropractic practice act, proposes (1) to define chiropractors as "persons who treat human ailments by the adjustment by hand of the articulation [sic] of the spine or by other incidental adjustments calculated to remove any cause and/or effect of any nerve interference; who may use in connection therewith, physical, mechanical, hygienic and sanitary measures," and (2) to provide that a license to practice chiropractic shall not authorize the holder thereof to practice operative surgery, osteopathy, nor to administer or prescribe any drug or medicine included in materia medica. S. 250 and H. 383 propose to authorize the board of supervisors of any county to make contracts with licensed practitioners of the healing art for the care of the indigent sick of the county. S. 256 and H. 378 propose to prohibit public nurses from favoring any particular branch of the healing art or from discriminating against any practitioner. H. 329 proposes to amend the law according hospitals treating persons injured through the fault of others liens on all claims, judgments, settlements or compromises accruing to the injured persons by reason of their injuries, by according the lien also to physicians who have treated such persons. H. 396 proposes to require insurance companies to recognize any required report or statement or notice relative to an insured person when furnished by any licensed practitioner of the healing art.

Society News.—Speakers before a meeting of the Tri-County Medical Society (Henry, Washington, Jefferson) in Mount Pleasant, February 28, were Drs. Walter D. Abbott, Des Moines, "Peripheral Nerve Injuries"; Arthur W. Erskine, Cedar Rapids, "Common Fractures of Wrist Joint," and Oliver J. Fay, Des Moines, "What of Your Economic and Professional Future?"——Dr. Frederick H. Falls, Chicago, discussed "The Early Diagnosis and Treatment of Carcinoma of the Uterus" before the Black Hawk County Medical Society, February 19. —Dr. Lee W. Dean, St. Louis, will speak before the Linn County Medical Society, April 11, in Cedar Rapids; his subject will be "The Diagnosis and Treatment of Nasal Sinus Disease in Infants and Young Children."——At a meeting of the Cass and Audubon county medical societies in Atlantic, February 27, speakers included Dr. Matthew E. O'Keefe, Council Bluffs, on "Intestinal Obstruction Secondary to Acute Infections."—— Dr. Joseph L. Stech, Council Bluffs, among others, addressed the Clarke County Medical Society in Osceola, February 5, on "Management of Head Injuries."——Speakers before the Fremont County Medical Society in Hamburg, February 13, included Dr. Donald J. Wilson, Omaha, on "Common Lesions About the Mouth and Mucous Membranes."——The Hardin

County Medical Society was addressed in Eldora, February 26, by Dr. Herbert W. Rathe, Waverly, on "Modern Treatment of Lober Pneumonia."

MARYLAND

Study of Maternal Mortality.—The Baltimore City Medical Society adopted a resolution, February 15, requesting the city health department to undertake a survey of causes of maternal mortality. The resolution urges members of the society to support the health department in developing its new division of maternity hygiene. This division replaces the home obstetric service, which was abandoned by the department, March 1.

Spinal Meningitis.—Fourteen cases of spinal meningitis with six deaths were reported to the Baltimore Health Department between January 1 and February 12, according to *Baltimore Health News*. Two of the deaths were of nonresidents brought to Baltimore for hospitalization. One of the cases occurred in a transient bureau dormitory in the city, while two others were in transients quartered at an army camp within the city limits.

MASSACHUSETTS

Grant to Publish Research Material.—The Massachusetts Department of Mental Diseases announces the acceptance of a grant of $26,000 from the Rockefeller Foundation to finance publication of research material embracing a study since 1928 of many thousands of cases of mental illness throughout the state. At least four volumes will be published under the grant, which will cover a period of five years. According to the report, the first volume will be based on a study of 120,000 cases; the second, 20,000; the third, 11,000, and the fourth, 4,000. The material has been compiled under the supervision of Dr. Neil A. Dayton, Boston, director of statistics and research for the department. Dr. Winfred Overholser, Boston, is commissioner of mental diseases.

Discontinue Publicizing Clinics.—In accordance with a recent decision of the state department of health, local cancer committees have been asked to discontinue publicity urging patients to attend clinics. Instead, patients will be asked to consult their private practitioners, who in turn will refer them to the clinics. The revision of the program was said to have been caused by the protests of private practitioners who said they had lost practice through the increasing number of persons attending cancer clinics. There are fifteen of these clinics in Massachusetts, it was stated, all of which are governed by a program of the state department of health, which has been in force for several years. Under the new plan it is expected that the cancer clinics will become highly specialized consultation services where patients will be sent by private practitioners who have definitely diagnosed a cancerous or precancerous condition.

MICHIGAN

Dr. Ehelund Named Secretary of State Society.—Dr. Clifford T. Ehelund, Pontiac, has been selected as the secretary of the Michigan State Medical Society, succeeding Dr. Frederick C. Warnshuis, who resigned to accept a similar position with the California Medical Association. Dr. Ehelund, who is 41 years of age, graduated from the University of Minnesota Medical School, Minneapolis, in 1918. He is now president of the Oakland County Medical Society.

MINNESOTA

Dr. Vogt Warned to Stop Practice.—The Minnesota State Board of Medical Examiners issued a warning, February 22, to Dr. Frederick C. Vogt, Chicago, to stop practicing medicine without a license in Minnesota. Dr. Vogt is licensed to practice in Illinois but has no license in Minnesota. According to the board, he was conducting a so-called graduate class in hernia at the Curtis Hotel in Minneapolis and charging a tuition fee of ten dollars. About forty physicians were in attendance from Minnesota, North Dakota and Wisconsin. At first Dr. Vogt stated that he was called in consultation, but when this was refuted he said he was merely giving lectures. However, he finally admitted that persons had been treated for hernia by injections. Dr. Vogt was born in 1881 and holds a diploma from the St. Louis University School of Medicine, 1906. He is not a member of the American Medical Association. He was formerly associated with an advertising varicose vein treatment concern known as the Viscose Ambulatorium. In 1931 he was associated with the Illinois Intravenous Institute and with the Vartex Company in a varicose vein treatment. He is now connected with the Loop Health Center, 159 North State Street, Chicago, the board reports. He told the Minnesota board that he would leave the state at once.

NEVADA

Bills Introduced.—A. 261 proposes that all applicants for licenses to practice medicine, surgery, osteopathy, chiropractic, naturopathy or any other system or method of healing, as a condition precedent to examination by their respective professional boards, pass examinations in human anatomy, human physiology, human pathology, chemistry and hygiene, to be given by an impartial board of examiners. The governor is to appoint such examiners as are necessary to conduct the examinations, but no examiner is to be actually engaged in the practice of any method or system of healing. S. 142, to amend the medical practice act, proposes (1) to make "disobedience," rather than "wilful disobedience," of the law or of the rules and regulations of the state board of health a ground for revoking a license to practice medicine; (2) in addition to authorizing the board to revoke licenses for cause, to permit the board to suspend licenses for a period not exceeding one year or "to take such other action in relation to the punishment of the holder of said certificate as in its discretion it may deem proper," and (3) to require a person whose license has been revoked or suspended, to petition within thirty days (rather than sixty days) after the board has certified to the appropriate county recorder that it has revoked or suspended the license, the appropriate district court to review that action. A. 260 proposes to create a board to arrange for and to supply necessary maintenance, medical and surgical treatment, and hospitalization to indigent expectant mothers.

NEW JERSEY

Millions for Medical Institutions.—By the will of the late Walter G. Ladd, the following bequests will become effective after the death of his widow: Somerset Hospital, Somerville, N. J., $100,000; Elizabeth General Hospital and Dispensary, Elizabeth, N. J., $25,000. The remainder of the estate, about $10,000,000, is to be divided into three trust funds: one to maintain his family estate in New Jersey as a convalescent home for "deserving gentlewomen," one to aid such persons elsewhere and the third to be used for hospitals, medical schools, universities, colleges and similar institutions "not existing for pecuniary profit." At the end of fifty years, the trusts are to be terminated and the principal to be divided among several institutions, including New York Post-Graduate Medical School and Hospital, New York, and Johns Hopkins Hospital, Baltimore.

NEW YORK

Bill Passed.—A. 461 has passed the assembly, proposing to amend the medical practice act by making it unlawful for any one other than a licensed physician to conduct, direct, supervise or control the work or reports of a clinical laboratory, which is defined as "a laboratory in which tests are made on individual persons, their secretions, excretions, blood and tissues, to aid in the diagnosis, prognosis, or treatment of the individual's physical or mental state or states."

Dr. Smiley Joins State Education Department.—Dr. Dean Franklin Smiley, for fifteen years director of the student health service at Cornell University, Ithaca, has been appointed director of the divisions of health and physical education in the state education department at Albany. The position, vacant for several years, was at one time occupied by Frederick Rand Rogers, Ph.D., now at Boston University. Dr. Smiley, who was also assistant professor of hygiene at Cornell, was president of the American Student Health Association in 1932. In 1927 he made a study of the effect of athletic training on student health and the hygiene of undergraduate athletics as part of a study made by the Carnegie Foundation for the Advancement of Teaching.

Bills Introduced.—S. 1667, to amend the medical practice act, proposes to authorize the revocation of the license of a physician who "has been guilty in any way of unprofessional conduct." S. 1714 proposes that the commissioner of education prescribe rules and regulations for the establishment and regulation of schools of natural therapy and to license graduates of such schools to practice natural therapy. The course of instruction in such a school is to include a "complete analytical and comprehensive study of the following subjects: 1. Hydrotherapy. 2. Balneology. 3. Cibology. 4. Dietology. 5. Hirudology. 6. Hygiene. 7. Clysmology. 8. Laxatology. 9. Massage. 10. Phlebotomy. 11. Potiology. 12. Rotology. 13. Electrolysis. 14. Scalp treatment. 15. Physiotherapy." A. 2207 proposes to forbid the operation of any x-ray machine or apparatus in connection with laboratory or hospital work, unless such x-ray machine or apparatus is equipped with a shock absorbing device, of a design approved by the commissioner of health.

New York City

Personal.—Dr. Leona Baumgartner has been awarded the prize of the New England Pediatric Society for the best paper presented last year by fourth year medical students in New England on a subject of scientific interest in connection with the health of children. Dr. Baumgartner's subject was "Age and Antibody Production." She graduated in June 1934 from Yale University School of Medicine, New Haven.

Society News.—A symposium on angina pectoris with special reference to coronary artery disease was presented at the stated meeting of the New York Academy of Medicine, March 7, by Drs. Harold M. Marvin, New Haven, Conn., Emanuel Libman and Harlow Brooks.——Dr. Alfred W. Adson, Rochester, Minn., among others, addressed a joint meeting of the New York Neurological Society and the section of neurology and psychiatry of the New York Academy of Medicine, March 5, on "Malignant Hypertension: Results Obtained by Sympathectomies and Rhizotomies."——The Medical Society of the County of New York held an open forum, March 26, for the discussion of "The Future of Medicine." Speakers were Drs. Morris Rosenthal, Frederic E. Sondern, Haven Emerson and Samuel J. Kopetzky.——Dr. Frederic E. Sondern addressed the Bronx County Medical Society, February 20, on national health insurance in England.——Dr. Ralph Colp addressed the New York Surgical Society, February 27, on "The Relation of Cholecystitis to Pathologic Changes in the Liver."——Speakers at a meeting of the Kings County Medical Society, February 19, were Drs. John A. Kolmer, Philadelphia, on "Immunity and Vaccination Against Acute Anterior Poliomyelitis," and LeGrand Kerr, "Pediatrics in the Gay Nineties." Dr. John C. MacEvitt, on behalf of alumni of St. Mary's Hospital, presented to the society a portrait of Dr. John Byrne, who became a member of the society in 1858. Dr. Byrne was president of the New York Obstetrical Society in 1874; of the Brooklyn Gynecological Society, 1890, and of the American Gynecological Society, 1892. He was one of the founders of the Long Island College Hospital.

NORTH CAROLINA

Bill Enacted.—H. 148 has become a law, granting to physicians and hospitals treating persons injured through the negligence of others liens on all sums recovered as damages by the injured persons by reason of their injuries.

Bill Passed.—H. 539 has passed the house, proposing to repeal the law requiring a male applicant for a marriage license either to sign an affidavit that he is free from venereal disease and active tuberculosis or to present a certificate from a licensed physician to that effect.

OHIO

Officers of State Board.—Dr. James G. Blower, Akron, was elected president of the Ohio State Medical Board at a recent meeting. Other officers elected are Drs. John R. Shoemaker, Cuyahoga Falls, vice president; Louis T. Franklin, Chillicothe, treasurer, and Herbert M. Platter, Columbus, secretary.

Appointments at University of Cincinnati.—Dr. David A. Tucker Jr., associate clinical professor of contagious diseases at the University of Cincinnati College of Medicine, was appointed professor of the history of medicine at the February meeting of the board of directors. Dr. George M. Guest was promoted to associate professor of pediatrics, among other changes. Dr. Robert D. Maddox was appointed lecturer in military medicine and is giving a new course in that subject this semester.

Bills Introduced.—H. 307, to amend the sales tax law, proposes that a sales tax shall not be levied on the sale of medicine on "a prescription . . . issued by a licensed physician, when filled by a registered pharmacist." H. 497 proposes to establish, in the state department of health, a bureau of social hygiene to reduce illegitimacy and to improve health and family conditions by the control of venereal diseases. The bureau is to be authorized to establish local clinics for the administration of free treatments for venereal diseases.

Fifty Years in Practice.—Dr. Florus F. Lawrence, Columbus, was the guest of honor at a dinner given by his colleagues, March 7, in celebration of his completion of fifty years of medical practice.——Dr. Wilson H. Button, Hubbard, recently celebrated the fiftieth anniversary of his graduation from Western Reserve University School of Medicine, Cleveland. Dr. Button has practiced in Hubbard since 1896.——Dr. James B. Hannah, Addyston, marked the completion of fifty years of medical practice, March 5. Dr. Hannah was graduated from the Medical College of Ohio, Cincinnati, in 1885.

OKLAHOMA

Bills Introduced.—H. 80, to amend the workmen's compensation act, proposes, among other things, to permit an injured employee to select at the employer's expense his own physician to treat his industrial injuries. H. 207 proposes to exempt from the provisions of the insurance laws of the state all hospital associations engaged in the business of "indemnifying policy or certificate holders in said associations against the cost of medical, surgical and hospital services and accommodations." H. 425 proposes to prohibit the sale or other distribution, except by a licentiate of the state board of pharmacy, of appliances, drugs or medicinal preparations intended or having special utility for the prevention of conception and/or of venereal diseases.

Society News.—Drs. Edward H. Skinner, Kansas City, Mo., and Wendell M. Long, Oklahoma City, discussed cancer and conducted clinics at a meeting of the Garfield County Medical Society, Enid, February 19.——Among speakers at a meeting of the Southern Oklahoma Medical Association, Ada, March 5, were Drs. George L. Carlisle and Arthur J. Schwenkenberg, Dallas, Texas, on cardiac neurosis; James B. Eskridge Jr., Oklahoma City, female sex hormones, and Henry H. Turner, Oklahoma City, endocrine glands.——Physicians of Cherokee, Haskell, McIntosh, Muskogee, Okfuskee, Okmulgee, Tulsa and Wagoner counties participated in a joint meeting of the Muskogee, Tulsa and Okmulgee county medical societies in Muskogee, March 28. Speakers were Drs. Isaac W. Bollinger, Henryetta, on silicosis; Walter S. Larrabee, Tulsa, disorders of the back, and Ira B. Oldham Jr., Muskogee, skeletal fixation in fractures.——At a meeting of the Carter County Medical Society, Ardmore, February 25, speakers were three Dallas physicians: Drs. Ben R. Buford, on pellagra; Walter G. Reddick, differential diagnosis of conditions causing edema, and Dayton C. McBride, obesity.——Drs. Jefferson R. Lemmon, Amarillo, Texas, and Herbert L. Wright, Sapply, among others, addressed the Woodward County Medical Society, February 12, on "Pneumonia in Children" and "Purposes of the Allied Sciences," respectively.

OREGON

Endowment for Children's Hospital.—The First Hebrew Benevolent Association of Portland recently gave to the Doernbecher Memorial Hospital for Children at the University of Oregon Medical School a fund of $5,000 for maintenance of a bed in memory of the late Marx Cohen. The fund was left by Mr. Cohen to the association as a trust fund to be utilized for medical and surgical treatment of children under 16 who through poor financial circumstances would be unable to obtain such treatment.

PENNSYLVANIA

Hospital News.—The secretary of the staff of the Center County Hospital, Bellefonte, has notified THE JOURNAL that Dr. Enoch H. Adams, Berwick, has not been made surgeon in chief to the Center County Hospital, as was reported February 16.

Bills Introduced.—H. 1521 proposes that all hospitals receiving state appropriations have in attendance at all times at least one licensed physician or resident intern who shall have graduated from an approved medical college. H. 1604, to supplement the workmen's compensation act, proposes to make the following occupational diseases compensable: chrome ulceration, epitheliomatous cancer, ulceration of the skin or the corneal surface of the eye, chronic miners' asthma, silicosis, anthrax, infection or inflammation of the skin due to contact with oils, cutting compounds or lubricants, dusts, liquids, fumes, gases or vapors, and poisoning from lead, mercury, phosphorus, arsenic, methanol, carbon bisulphide, naphtha or volatile halogenate hydrocarbons, manganese dioxide, brass, zinc, benzol, nitro and amido derivatives of benzol, and radium.

Philadelphia

New Professorships.—Three new clinical professorships have been established at the University of Pennsylvania School of Medicine and have been filled by the advancement of Drs. Thomas Grier Miller, Richard A. Kern and Charles C. Wolferth from the rank of assistant professor. Dr. Truman G. Schnabel, assistant professor of medicine, has been advanced to an associate professorship.

Personal.—A portrait of Dr. Martha Tracy, dean of the Woman's Medical College of Pennsylvania, was presented to the college on its eighty-fifth anniversary, March 9. This is Dr. Tracy's twenty-fifth year at the college. Dr. Ellen C. Potter, Trenton, N. J., made the presentation. Dr. Helen Ingleby, professor of pathology, on behalf of trustees, faculty,

students and friends, presented an automobile to Dr. Tracy. ——The obstetric staff of Jefferson Medical College gave a dinner in honor of Dr. P. Brooke Bland, recently, in honor of his completion of ten years as professor of obstetrics at the college. Speakers were Drs. Jacob Parsons Schaeffer, Henry K. Mohler, Charles E. G. Shannon and Edward L. Bauer.——The first Edwin A. Jarecki Memorial Lecture at the Jewish Hospital was given, February 4, by Dr. Samuel A. Levine, Boston, on "The Relation of the Thyroid Gland to Heart Disease." Dr. Jarecki, who died, Sept. 9, 1934, was chief resident physician at the hospital.

VIRGINIA

Course in Pediatrics.—Dr. Samuel F. Ravenel, Greensboro, N. C., is giving a graduate course in pediatrics in South Boston under the auspices of the department of clinical and medical education of the Medical Society of Virginia. Meetings began, March 5, to be held twice each week for five weeks.

The McGuire Lectures.—The Stuart McGuire Lectures at the Medical College of Virginia, Richmond, will be given, April 29-30, by Dr. Gunnar Nystrom, professor of surgery, University of Upsala, Sweden. His subjects will be "Embolism of the Arteries of the Extremities" and "Pulmonary Embolism." During the day of April 30, the college will hold its spring graduate clinics.

New Health Units.—The state health department has recently established new units in several sections of Virginia by the aid of $66,000 allocated to the state by the U. S. Public Health Service. The following health officers have been appointed:

Dr. Challis H. Dawson, Suffolk, the district including James City, York, Warwick and Elizabeth City counties.

Dr. William F. Wild, Bridgeport, Conn., to succeed Dr. Dawson at Suffolk and the district including Nansemond and Isle of Wight counties.

Dr. David H. Andrew, formerly of Parkton, Md., Wythe County, with headquarters at Wytheville.

Dr. Daniel C. Steelsmith, formerly state health officer of Iowa, the district made up of Halifax and Pittsylvania counties, at South Boston.

RHODE ISLAND

Bills Introduced.—H. 708 proposes to require all applicants for licenses to practice any of the healing arts, as a condition precedent to examination by their respective professional boards, to pass examinations in anatomy, physiology, pathology, diagnosis, chemistry, bacteriology and public health, to be given by a board of examiners in the basic sciences. The board is to be composed of three members, appointed by the director of public health, all of whom shall be selected for their proficiency in the basic sciences, and none of whom may be a member of any of the various professional examining boards. H. 712, to amend the osteopathic practice act, proposes that "a certificate to practice osteopathy shall confer upon the holder thereof the same rights and privileges and the same duties and obligations as a certificate to practice medicine, except the practice of major surgery." H. 736 proposes to limit the retail sale or distribution of contraceptive devices, prophylactic rubber goods, and other articles, drugs or medicinal preparations primarily manufactured, produced or intended to be used as contraceptives or for the prevention of venereal diseases, to licensed physicians and pharmacists.

SOUTH CAROLINA

Bills Introduced.—H. 583, to amend the optometry practice act, proposes that "an optician as licensed under this act shall be deemed to be any person who fills the order or prescription of a licensed optometrist or legally qualified physician and surgeon for lenses, spectacles or eyeglasses or parts thereof, or who surface grinds lenses, or edges, drills, mounts, assembles or adjusts spectacles, or eyeglasses, or parts thereof, to given measurements." Nothing in the law is to be construed to permit licensed opticians to do more than is covered by the foregoing definition. The bill also proposes to prohibit the practice of optometry by corporations and to define optometry as "the science and art which treats of the measurement of the functions and powers of vision and the anomalies thereof, and their emendation by physical means." H. 246 proposes to compensate workmen for injuries arising out of and in the course of their employment. The employer must furnish and pay for such medical, surgical, hospital and other treatment as may be reasonably required to relieve the injured workman from the effects of his industrial injury, for a period of not exceeding ten weeks from the date of the injury and for such additional time as in the judgment of the South Carolina Industrial Commission will tend to lessen the period of compensation.

WEST VIRGINIA

Bills Enacted.—The following bills have become laws: H. 160, amending the workmen's compensation act by (1) requiring the compensation commissioner to pay such sums for medical, surgical and hospital treatment as may reasonably be required to relieve an injured employee, the prior law limiting such payments to $800, and (2) eliminating those portions of the prior law which prohibited the commissioner from paying for medical and hospital services furnished an injured workman, if the workman was entitled under a contract connected with his employment or by reason of a subscription list, to receive medical, surgical and hospital treatment without further charge to him; and S. 155, supplementing the insurance laws, by permitting stock companies to incorporate under the general incorporation laws of the state. Companies so incorporated are to be permitted to issue policies providing "every coverage appertaining to accident and health insurance." Specifically, they may issue policies providing "reimbursement for expenses incident to personal injury, sickness or death," but they may issue also "policies of accident and health insurance covering personal injury, disablement or death by accident; disability resulting from sickness." The provisions of this law may be construed to authorize a corporation organized under it to furnish directly to its policyholders medical, nursing, laboratory and hospital services.

WISCONSIN

Bills Introduced.—A. 488 proposes that no person not a graduate of a class A medical school, as classified by the American Medical Association, shall be on the medical staff of state hospitals and institutions. A. 507 proposes to amend the law requiring a male applicant for a license to marry to present a physician's certificate showing freedom from venereal diseases by requiring such certificates from both parties to a proposed marriage.

GENERAL

Society News.—The Pan-American Medical Association has chartered the S. S. *Columbia* for its second "floating congress," July 18-August 28, for which the following itinerary has been announced: New York, Havana, Curaçao, five days at Rio de Janeiro for a scientific congress, three days at Santos for a meeting in São Paulo, returning via Trinidad, Santo Domingo, Kingston, Havana and New York. These plans were announced at a dinner in honor of Oswaldo Aranha, Brazilian ambassador to the United States, given by the New York chapter of the association at the Hotel Ritz Tower, March 1. Dr. Joseph Jordan Eller, 745 Fifth Avenue, New York, is director general of the association.——The Population Association of America will sponsor a conference on population studies in relation to social planning at the Hotel Willard, Washington, D. C., May 2-4. Henry Pratt Fairchild, New York, is president of the association and Frank Lorimer, 308 Victor Building, Washington, D. C., secretary.——Dr. Stephen S. Brown, director of the Maine General Hospital, Portland, was elected president of the New England Hospital Association at its annual meeting, February 7-9. Dr. Albert G. Engelbach, Massachusetts General Hospital, Boston, was reelected secretary. ——The sixty-fourth annual meeting of the American Public Health Association will be held in Milwaukee, October 7-10.

Medical Bills in Congress.—*Changes in Status:* S. 5, proposing to prevent the manufacture, shipment and sale of adulterated or misbranded food, drink, drugs and cosmetics, and to prevent the false advertisement of such articles, has been favorably reported to the Senate, with amendments (S. Rept. 361). S. 1850 has passed the Senate, proposing to amend an act entitled "An Act to recognize the high public service rendered by Major Walter Reed and those associated with him in the discovery of the cause and means of transmission of yellow fever," by including Roger P. Ames among those honored by the act. *Bills Introduced:* S. 2314, introduced by Senator Shipstead, Minnesota, proposes to extend the benefits of the Emergency Officers' Retirement Act to certain emergency officers of the War with Spain, the Philippine Insurrection, and the Chinese Boxer Rebellion. H. R. 6873, introduced by Representative Rabaut, Michigan, proposes to erect a veterans' hospital in or near the city of Detroit. H. R. 6906, introduced by Representative Mead, New York, proposes to revise and amend the federal food and drugs act to prevent the manufacture, shipment and sale of adulterated or misbranded food, drugs and cosmetics, and to prevent the false advertising of such articles. H. R. 6907, introduced by Representative Hoeppel, California, proposes to extend the benefits of existing veterans' laws and regulations to officers and enlisted men of the Army, Navy, Marine Corps and Coast Guard who suffer injury, disease or death while on authorized leave of absence or furlough.

Foreign Letters

LONDON

(From Our Regular Correspondent)

March 9, 1935.

Whither National Health Insurance?

In previous letters it has been shown that the further socialization of medicine is a primary object of the labor party and that the future of health insurance depends on whether that party again attains power, a danger that is generally admitted. In 1930, when this party was in power, the British Medical Association brought forward a scheme for a state medical service for the whole population. This great plunge into further medical socialism was not proposed because of any desire for it on the part of the profession or of the association but to forestall a possible scheme of the labor government. Soon afterward the prodigal finance of that government brought the country to the brink of ruin. There was a first class financial crisis and the pound crashed. The crushing defeat of the labor party followed and removed the danger—for a time—and no more has been heard of the association's scheme. At the recent annual conference of the labor party the national executive committee of the party submitted a report stating that there are grave defects in the panel system as regard both the type and the standard of medical care. The committee proposes that medical benefit should be taken away from health insurance altogether and that the insured should receive only cash benefit. It would enlarge the insurance scheme by including nonmanual workers with incomes up to $2,500. But the insured would look to the local authorities for medical care, both at home and in the hospital. This would be provided at public expense. The committee visualizes a system of clinics, which would be "well equipped surgeries where the patient would receive the best examination, diagnosis and treatment, without the interminable periods of waiting of the average hospital outpatient department." Around these clinics would revolve domiciliary attendance and other facilities of the public health service. The medical profession would thus become officials employed by and paid by the state.

It is interesting to compare this program with that of the Medical Practitioners' Union. As stated in THE JOURNAL, January 19, page 228, this body is a medical trade union, which recently affiliated with the Trade Union Congress. The medical secretary of the British Medical Association declared in a press interview that the object was "to anticipate the political movement in the country," by which he must have meant the return to power of the labor party. The Medical Practitioners' Union can therefore now be described as a constituent of the labor party. In its organ the *Medical World* it has published a lengthy memorandum advocating extension of the general practitioner service of the insurance system to the whole population. The union "expects that private practice will continue to exist although it will be considerably restricted." In a universal service of this kind "there will be no place for any contributory system for purely medical purposes" which exists at present. But the union does not want to abolish contribution for sickness benefit (that is, the payments made to sick members), which could be regarded as one form of unemployment benefit and part of a wider problem than the problems with which the medical profession is concerned. As much of the present contribution as is applied to the provision of medical benefit should cease. Whence the money for the payment of medical benefit is to come, the union does not condescend to say. It can only be from the taxpayer, who in the view of this socialist body is a beast of burden that does not even deserve to be mentioned for the service to be put on him.

It is thus evident that the future of the insurance system is bound up in the much greater question of the future of the political situation. If the labor party should again return to power, the system will certainly become more socialistic. Probably, as suggested, medical benefit will become noncontributory and therefore free and also will be extended to the whole population. The medical profession will for the most part be state paid, if indeed its members do not become mere state officials. The British Medical Association will resist this last proposal, as its policy has always been to protect private practice against the encroachments of official practice and if on no other point the Medical Practitioners' Union will be in agreement, for it is in favor of "free choice of doctor." But what the socialist politicians may decide is another matter. There of course would still be the luxury of private practice for persons who could afford to pay for it. But they would be a disappearing class. They are already disappearing under oppressive differential taxation. An official table, just issued, shows that the number of persons with incomes exceeding $10,000 in 1932-1933 was 84,175, the lowest for six years; the highest was in 1929-1930, when the figure was 108,532. The main cause of the excessive taxation is socialistic expenditure.

PARIS

(From Our Regular Correspondent)

Feb. 22, 1935.

Foreigners Must Be Naturalized Ten Years Before Beginning to Practice Medicine

In the *Concours médical* of February 17 appears the draft of a bill introduced in the French house of representatives by Mr. Dommange, which will place a serious obstacle in the path of any physician of foreign birth who seeks to practice in France. In July 1934 a bill was passed and became a law to the effect that naturalized citizens could not be admitted to the bar or occupy any official position until ten years had elapsed since their becoming French citizens. The Dommange bill proposes to extend this ten year period to the medical profession in order that a physician shall during such interval become thoroughly familiar with the language and customs of the country in which he intends to practice. This proposed law is in line with the recent agitation on the part of the medical students against the constantly increasing number of foreigners in the schools and hospitals of France.

Foreign Medical Students and Physicians in France

The editor-in-chief of the *Presse médicale*, Dr. Desfosses, discussed foreign medical students and physicians in France in the February 16 issue. France has always been liberal in admitting foreign students to its medical schools. An honorary diploma, or "diplôme universitaire," which did not entitle the holder to practice medicine in France, has been popular with foreigners who intended to practice in their home countries. Since the war, and particularly since the limitation of students in eastern Europe, the "non-Aryan" agitation in Germany and the raising of standards for admission in the United States and other countries, a large number of foreign medical students have matriculated in the French medical schools. A treaty with Rumania, dating back to 1860, enabled students to matriculate without even being required to present a bachelor of arts degree, such as is indispensable for French students. Some of the foreign students who matriculated only with the idea of receiving an honorary degree have been able to convert it into a state license, which permits them to remain in France. The number of licenses to practice in Paris granted to foreigners is gradually increasing in proportion to those given to French citizens. The French medical schools are overcrowded, so that native students find it difficult to attend lectures and to work in the laboratories and dissecting rooms.

The Armbruster law, now in force, will virtually put a stop to foreigners practicing medicine in France, but unfortunately it cannot affect foreign students already pursuing their studies in French medical schools. It is applicable only to those matriculating last fall. The Armbruster law left a loophole in the form of permitting citizens of those countries which do not require naturalization for French citizens who wish to practice medicine or dentistry in the respective country to do so in France. This loophole will probably be closed if the Dommange amendment becomes a law, as every one who wishes to practice medicine or dentistry will either have to be naturalized ten years before receiving such a license or, at least, have lived in France a similar length of time, even in the case of countries in which reciprocity exists, before being allowed to practice. Desfosses cites the number of foreign and French students matriculated at the various French medical schools during the 1933-1934 term. Of 1,080 students matriculating at the University of Paris Medical School for that term, 295, or over 27 per cent, were foreigners. Of 125 foreigners who received the "diplôme d'état" or state license to practice during the scholastic year 1933-1934, ninety-seven were from Rumania alone, and the remainder, except three, from the central and eastern countries of Europe, three being from Egypt. None were from the United States or Canada. Of 112 students who received the honorary degree or "diplôme universitaire," without privilege to practice, thirty-eight were from Poland, ten from Cuba, nine from Greece, eight from Bulgaria and the rest from all parts of the world, including one from the United States.

The Public Hospitals and the French Medical Crisis

The recent agitation against foreign physicians and medical students has drawn attention to the necessity of lightening the burden of the French medical profession during this period of universal economic crisis. That the influx of foreign competitors alone is not responsible for the marked decrease in income of the French practitioner is shown in the address given by Prof. Emile Sergent incident to his election as president for 1935 of one of the leading medical societies, the Société médicale des hôpitaux de Paris. The public hospitals of Paris have a capacity of 35,000 beds and are governed by the Assistance publique, corresponding to a city hospitals administration in the United States. Theoretically only nonpaying patients were supposed to be cared for, but, as the result of the economic crisis and especially of the functioning of the social insurance law, the line is not as closely drawn as it used to be. The attending staffs of these free hospitals are given their positions following a strict civil service examination, based to a great extent on clinical and experimental research as well as previous internship in a Paris public hospital. The staffs are all appointed by the medical faculty of the University of Paris, following such a civil service examination (written, oral, and appraisal of previous work). These positions on the attending staffs are much sought after, because the fortunate competitors automatically become members of the medical faculty, there being only one medical school in Paris. The public, even those who are able to pay, thus feel that the best medical talent is to be found in the hospitals under the control of the Assistance publique; hence the abuse of the original object of these charity hospitals. Professor Sergent called attention to the fact that, little by little, the Assistance publique, as the result of the upheaval of social laws, has forgotten the intention of its founders and as a result the institutions under its supervision have become low priced private hospitals. Many patients who formerly could not be admitted to the charity hospitals are admitted there today, and ever increasing consultations in the outpatient departments are given gratuitously to those able to pay, whereas formerly only the indigent came for advice. On the other hand, many individuals who carry social insurance are now cared for at home instead of entering the free hospitals. There are fewer people in these public institutions today, but those who enter them pay for their care.

The movement in France toward state medicine is making itself felt more and more every day. It will require the utmost effort of medical organizations to oppose the transformation of physicians into government officials.

BERLIN

(From Our Regular Correspondent)

Jan. 14, 1935.

Useless Petitions for Sterilization

The minister of the interior has stated that in the trying of complaints before the eugenics supreme court it has been shown that the medical officers entitled to file petitions are not showing much system in the choice of persons recommended for treatment. It is useless to burden the eugenics courts with petitions for sterilization of women more than 45 years old, alcohol addicts in the sixties, 10-year-old weak-minded children, idiots, and aged catatonic patients, when persons with hereditary taints, still in the prime of life, have not been sterilized. Likewise the decisions as to whether harelip, congenital luxation of the hip or forms of polydactylism are hereditary diseases within the meaning of the law may be reserved for a later date, when all dangerous patients with hereditary taints have been sterilized. The urgent cases are: weakminded persons of all types, including also mild cases—physically healthy, vivacious males and females between the ages 16 and 40; schizophrenic and manic-depressive patients in stages of remission, epileptic persons, alcohol addicts under 50 years of age; persons presenting hereditary blindness, deafness, and the like. In every case it should be ascertained whether the patient is in the reproductive stage. It must not happen again that, after proceedings lasting for months and costing much money, the eugenics supreme court discovers that the petition should not have been entered at all.

In Hamburg 2,500 cases of hereditary disease have been handled thus far, as appears from a report of the court. The number of persons with hereditary taints in Hamburg lies between 10,000 and 20,000, out of a total population of 1,200,000. The operations are performed in eleven different clinics. The average duration of treatment ranges between three and twelve days. In the Hamburg courts 2,938 petitions have been filed, 2,107 of which demanded sterilization. Seventy-two petitions have been rejected and 1,439 operations have been carried out thus far.

CASTRATION OF FOREIGNERS

A previous letter discussed the application of the sterilization law to foreigners. A recent announcement by the highest German court of justice holds that the possibility of deporting a foreigner from Germany is not subversive of a court order demanding castration. In reaching a decision, the courts need only consider whether the foreigner affected by the petition constitutes a menace to public safety and whether the castration is necessary in order to eliminate this danger. On the other hand, it is left to the discretion of the executive boards as to whether castration may be dispensed with if a deportation order against the foreigner has been issued.

The Determination of Sex

The various theories about influencing the sex of the fetus, which have their origin only in fancy, are of little value. Modern zoology and the science of heredity hold that the sex of the fetus is determined by the spermatozoa. There are believed to be male and female spermatozoa but only one kind of ovum. Thus far no practically useful methods based on this knowledge have been announced.

A few years ago, Professor Unterberger in Königsberg published the observation that boy babies could be secured through alkalization of the vaginal secretion, an announcement that caused a sensation in the columns of the daily papers. Extensive clinical observations and experiments on man or animals, concerning which Dr. Schumacher recently addressed the Giessen Medical Society, have shown that Unterberger's contention is not confirmed. Schumacher studied clinically more than 1,500 pregnant women. He proved that the observation of the Cologne gynecologist Professor Füth, made in a small number of cases and constantly cited in support of Unterberger's contention, cannot be substantiated. It had been maintained that in the presence of a strongly acid reaction of the vaginal secretion girl babies and in the event of an alkaline reaction boy babies predominate. The fact is that male births predominate over female births with all degrees of vaginal secretion. Since the clinical tests lent no support to the Unterberger theory, Schumacher and Günther conducted experiments on 200 female mice and 100 female rats without confirming this theory. In experiments on rabbits, in ninety litters with 514 young, alkalization of the vaginal secretion before copulation could not be shown to exert any influence on the sex. In a few rabbits, to be sure, the theory appears to find support; but in an equal number of other female animals the opposite was true. If one combines the results of the various progenies, one gets a final figure that appears to support the Unterberger theory. The predominance of males, after alkalization of the vaginal secretion of the mothers, is, however, too slight and the results of the experiments are too contradictory to justify one in drawing any definitive conclusions. Also the other figures, taking into account the laws of variations, must be regarded as due to accidental circumstances.

A practical application of this method in man is fraught with danger, since it is possible, through a chemical alteration of the vaginal secretion, to cause damage to the offspring.

The attempts to influence the sex of the fetus by treating the mother animals with sex hormones have only theoretical interest as yet and require clarification by systematic experiments on animals.

RIO DE JANEIRO

(From Our Regular Correspondent)

Jan. 15, 1935.

Staphylococcus Toxin

Dr. J. Travassos, in a recent lecture, said that staphylococcus toxin has a marked antigenic power. The blood serum of animals that have been repeatedly inoculated with small doses of toxin by the subcutaneous and intradermal routes is manifestly antitoxic. Immunization by the intravenous route is difficult because the animals, as a rule, do not withstand the inoculation of increasing doses of the toxin. The antitoxin experimentally obtained by the speaker neutralizes both in vitro and in vivo all the toxic properties of the toxin. Animals actively immunized in the speaker's experiments resisted lethal doses of toxin by intravenous inoculation and proved to be immune to intradermal inoculation of certain doses of toxin that would produce extensive necrotic lesions in nonimmunized rabbits. The speaker's results prove the preventive power of antitoxin in relation to the lethal and necrotic action of filtrates. Antitoxin protects rabbits and guinea-pigs against the effect of the toxin. The protection lasts for a certain time, which varies according to the dose of antitoxin and the route of its inoculation. Staphylococcus antitoxin has a marked preventive power against the effect of the toxin but a limited curative power. The transocular and cisternal inoculation of 100, 200 or 300 units of antitoxin failed to restore the equilibrium in nine out of ten guinea-pigs inoculated five minutes after the onset of the syndrome. The action of staphylococcus antitoxin probably is similar to that of tetanus antitoxin. The limitation of their curative action in both cases, regardless of their neutralizing effect on free toxins in the brain, is due to the fact that nerve cells more or less injured are unable to regain their integrity. Antitoxin might have a curative action in subacute intoxications of low evolution by neutralizing a small amount of toxin, as it is formed in nonextensive foci.

Gastrectomy for Duodenal Ulcer

Dr. Piragive Nogueira of the Faculty of Medicine of São Paulo emphasized in a lecture the satisfactory results of gastrectomy in the treatment of duodenal ulcers, either complicated by the presence of adhesions to the head of the pancreas or perforated at this site. Injury of the common bile duct during gastrectomy is rare (four cases in 1,000 operations). The injuries were successfully corrected by the creation of anastomosis between the common bile duct and the duodenum in three cases, and by an end to end anastomosis of the common bile duct in one case. In two cases the retroduodenal part of the common bile duct formed an angle, the vertex of which was at the base of the ulcer. In a case of duodenal ulcer at a lower site, where it perforated into the head of the pancreas, the canal of Wirsung was injured, resulting in acute necrosis of the pancreas, verified at necropsy.

Test of the Hypophysis in Hyperthyroidism

Drs. Mario Yahn, E. de Aguiar Whitaker and Celso Pereira da Silva recently discussed the value of the test of the hypophysis (injection of 1 cc. of extract of the posterior lobe of the hypophysis) described by Claude, Baudoin and Porak, in the diagnosis of hyperthyroidism. A group of seventeen persons, including eleven patients suffering with hyperthyroidism and six persons without it, were subjected to the test. The results were interpreted by the determination of the basal metabolism. The authors give the technical details to be followed in the test, as well as the criterion for the interpretation of results (either positive or negative). Positive results were obtained in five out of the group of eleven patients suffering with hyperthyroidism and in three of the persons without it. Claude, Baudoin and Porak reported positive results from the test in the whole group of patients with hyperthyroidism and negative results in the whole group of persons without it (thirteen and four cases, respectively). Yahn and his collaborators believe that these results may be due merely to chance and conclude that the test has no value for the diagnosis of hyperthyroidism.

Marriages

Harry Goff Thompson, Mount Vernon, Ill., to Miss Margaret Matthews of New Haven, Conn., Dec. 1, 1934.

John J. Flanagan, Newark, N. J., to Miss Helen Patricia Froehlich of Glen Ridge, February 21.

Saul H. Kaplan, Canandaigua, N. Y., to Miss Ada Schneider of New York, March 3.

James A. Harper Jr., to Dr. Edna K. Sexsmith, both of Greenfield, Iowa, Dec. 12, 1934.

James Joseph Rowland, Highlands, N. J., to Miss Dorothy M. Alton of Detroit, March 2.

Lacy John Salah, Washington, D. C., to Miss Marie Cecilia Rowan, Nov. 17, 1934.

Martin T. Meyers to Miss Marjorie Marvin Wyley, both of Atlanta, Ga., February 27.

Harold W. Kescheneh to Miss Evelyn Clarice Silver, both of New York, March 14.

Samuel G. Seinfeld to Miss Charlotte Lois Strumpf, both of Chicago, February 10.

Paul G. Thone, Chicago, to Miss Margaret Danielson of Evanston, Ill., March 5.

Deaths

Joseph Hammond Bryan ● Washington, D. C.; University of Virginia Department of Medicine, Charlottesville, 1877; University of the City of New York Medical Department, 1878; member of the American Laryngological Association and the American Otological Society; fellow of the American College of Surgeons; served during the World War; attending surgeon to the Episcopal Eye, Ear, and Throat Hospital; consulting laryngologist to the Garfield Memorial Hospital, aged 78; died, February 3, of cerebral hemorrhage.

Hillen Talley Brown, Dixon, Ill.; Northwestern University Medical School, Chicago, 1922; also a dentist; formerly demonstrator in anatomy at the Northwestern University Dental School; on the staff of the Dixon State Hospital; aged 71; died, February 19, in the Veterans' Administration Hospital, Milwaukee, of bronchopneumonia and coronary sclerosis.

Delphus Brown Virtue, Mansfield, Ohio; Starling Medical College, Columbus, 1891; past president of the Morrow County Medical Society; served during the World War; at one time president of the school board of Iberia; formerly affiliated with the U. S. Veterans' Bureau; aged 68; died, February 26, of angina pectoris.

George Irvine McKelway, Westfield, N. J.; University of Pennsylvania Department of Medicine, Philadelphia, 1889; Jefferson Medical College of Philadelphia, 1893; also a pharmacist; past president of the Medical Society of Delaware; served during the World War; aged 84; died, March 8.

Joseph E. Robins, Charlestown, W. Va.; Jefferson Medical College of Philadelphia, 1883; formerly member and president of the board of education; formerly bank president; for many years member and at one time president of the state board of health; aged 73; died, January 8, of heart disease.

John W. Vizard, Pleasant Mills, Ind.; National Normal University College of Medicine, Lebanon, Ohio, 1892; member of the Indiana State Medical Association; formerly member of the state legislature; aged 65; was found dead in bed, February 26, of angina pectoris.

Thal Hooks ● Smithfield, N. C.; Medical College of Virginia, Richmond, 1901; formerly secretary of the Johnston County Medical Society; served during the World War; on the staff of the Johnston County Hospital; aged 58; died, February 18, of cerebral hemorrhage.

John Burton Loughary, Puyallup, Wash.; Bellevue Hospital Medical College, New York, 1888; member of the Washington State Medical Association; on the staff of the Puget Sound Sanatorium; aged 74; died, February 17, of cerebral thrombosis.

William Marlin Marsh, Ripley, Miss.; University of Tennessee College of Medicine, Memphis, Tenn., 1915; member of the Mississippi State Medical Association; aged 50; died, February 24, in the Baptist Hospital, Memphis, Tenn., of pneumonia.

Robert Alexander Reid, Newton, Mass.; Bennett College of Eclectic Medicine and Surgery, Chicago, 1877; for many years editor of the *Massachusetts Medical Journal;* aged 86; died, February 5, of arteriosclerosis and cerebral hemorrhage.

Arthur Eugene Roose, East Pittsburgh, Pa.; Jefferson Medical College of Philadelphia, 1895; member of the Medical Society of the State of Pennsylvania; aged 65; died, February 22, at his home in Forest Hills, of coronary occlusion.

Charles Virgil Bomar ● Newgulf, Texas; Chicago College of Medicine and Surgery, 1917; medical director of the Texas Gulf Sulphur Company Hospital; aged 52; died, January 28, of injuries received in an automobile accident.

Josiah Griffin Ely, Hamburg, Conn.; Bellevue Hospital Medical College, New York, 1884; for many years member of the school board; formerly member of the state legislature; aged 77; died, January 23, of pneumonia.

William H. Delap, La Follette, Tenn.; University of Louisville (Ky.) Medical Department, 1910; served during the World War; aged 60; died, February 22, in the Fort Sanders Hospital, Knoxville, of streptococcic cellulitis.

Montgomery Russell, Seattle; Western Pennsylvania Medical College, Pittsburgh, 1889; member of the Washington State Medical Association; aged 75; died, January 17, of pulmonary abscess following pneumonia.

Walter R. Ray, Shelbyville, Ky.; Louisville Medical College, 1885; past president of the Shelby County Medical Society; formerly member of the state legislature; aged 74; died, February 4, of heart disease.

Charles E. Testa, New York; New York Homeopathic Medical College, 1884; formerly professor of laryngology and rhinology at his alma mater; aged 82; died, January 7, of arteriosclerosis and myocarditis.

Harry Stafford Brown, Arroyo Grande, Calif.; College of Physicians and Surgeons of Chicago, School of Medicine of the University of Illinois, 1906; aged 50; died, January 18, of asthma and chronic myocarditis.

John Edward Pratt, Dumont, N. J.; Dartmouth Medical School, Hanover, N. H., 1878; school physician; on the staff of the Hackensack (N. J.) Hospital; aged 85; died suddenly, February 5, of angina pectoris.

Leon Leo Hale, Chebeague Island, Maine; College of Physicians and Surgeons, Boston, 1884; member of the Maine Medical Association; formerly a dentist; aged 80; died, February 17, of angina pectoris.

Lynn Horsley Harrison, Butler, Ind.; Barnes Medical College, St. Louis, 1895; aged 62; died, February 22, in the Sacred Heart Hospital, Garrett, of pulmonary embolus, myocarditis and endocarditis.

John Middleton, Buffalo; L.R.C.P., Edinburgh, and L.R.F. P.S., Glasgow, 1879; member of the Medical Society of the State of New York; aged 83; died, February 13, of cerebral arterial thrombosis.

Joseph W. Bryan, Lexington, Ky.; Bellevue Hospital Medical College, New York, 1873; member of the Kentucky State Medical Association; aged 85; died, February 8, of bronchopneumonia.

James Edmund Brown, Bryantville, Mass.; College of Physicians and Surgeons of Baltimore, 1886; member of the Rhode Island Medical Society; aged 81; died, February 8, of lobar pneumonia.

James Madison Reynolds, Memphis, Ind.; Bellevue Hospital Medical College, New York, 1885; member of the Indiana State Medical Association; aged 73; died, January 10, of uremia and nephritis.

Robert Camden Whitehead, Norfolk, Va.; University College of Medicine, Richmond, 1905; member of the Medical Society of Virginia; aged 58; died, January 27, of heart disease.

Joseph L. Murdoch, Emerson, Ga.; Southern Medical College, Atlanta, 1893; member of the Medical Association of Georgia; aged 72; died, January 29, of lobar pneumonia.

Frederick C. Van Vliet, Shrewsbury, N. J.; University of Vermont College of Medicine, Burlington, 1876; aged 81; died, Dec. 20, 1934, of heart disease and nephritis.

James Turner Rogers, Hamilton, Ont., Canada; Trinity Medical College, Toronto, 1889; L.R.C.S., L.R.C.P., Edinburgh, Scotland, 1890; died, Dec. 27, 1934.

Oban Karnak Chirinian, New York; University of the City of New York Medical Department, 1881; aged 78; died, Dec. 21, 1934, of coronary sclerosis.

Lelia Ada Davis, Toronto, Ont., Canada; University of Toronto Faculty of Medicine, 1889; Trinity Medical College, Toronto, 1895; died, January 23.

Oren Cheney Tarbox, Oneonta, N. Y.; Bellevue Hospital Medical College, New York, 1885; aged 74; died, February 12, of influenza and myocarditis.

William Frederick Jackson, Brockville, Ont., Canada; McGill University Faculty of Medicine, Montreal, Que., 1873; aged 82; died, January 29.

James Peter Valby, Sioux Falls, S. D.; College of Physicians and Surgeons of Chicago, 1890; aged 78; died, January 23, of cerebral hemorrhage.

Samuel Dutton Whitney, Albany, N. Y.; Baltimore University School of Medicine, 1890; aged 65; died, Dec. 14, 1934, of pulmonary tuberculosis.

Gustave Gaston Smith, L'Orignal, Ont., Canada; Laval University Faculty of Medicine, Quebec, 1885; aged 75; died, in November 1934.

J. Vinson Richardson, Fort Recovery, Ohio; Medical College of Ohio, Cincinnati, 1872; aged 83; died, January 29, of pneumonia.

John B. Cress, Knightstown, Ind.; Indiana Medical College, Indianapolis, 1874; aged 87; died, January 5, of myocarditis.

Leland Frazier, Rupert, Idaho; St. Louis University School of Medicine, 1906; aged 53; died, February 15, of erysipelas.

Charles Francis Ring, Urbana, Ohio; New York Homeopathic Medical College, 1881; aged 79; died, Dec. 3, 1934.

Edward L. Locke, Hamburg, Ark. (licensed in Arkansas in 1904); aged 58; died, Dec. 1, 1934, of prostatitis.

Correspondence

STANDARDIZATION IN TREATMENT OF BACILLURIA

To the Editor:—Dr. Crance in his article entitled "The Necessity for Standardization of the Treatment of Bacilluria" (THE JOURNAL, January 26, p. 285) makes a definite advance by his recognition of the necessity of differentiating colon group bacilli into their two genera. This step is of such importance, especially in the evaluation of therapeusis, that it is greatly to be regretted that Dr. Crance has not given information in regard to the bacteriologic details necessary for this differentiation. This cannot be done on the basis used by Dr. Crance; i. e., the fermentation of sucrose. This test is employed for the differentiation of species of the genus Escherichia, of which our old friend B. coli-communior most familiarly represents the sucrose fermenting group and B. coli-communis the sucrose negative group (Zinsser, Hans, and Bayne-Jones, Stanhope: A Textbook of Bacteriology, 1934, p. 561). Only by use of the Voges-Proskauer and methyl red tests can the generic identification be finally made. The methods for these tests are to be found in any textbook of bacteriology. Dorner and Hellinger (*J. Bact.* **29**:16 [Jan.] 1935) give a comparison of methods recently developed for the Voges-Proskauer test. It has been my experience that a presumptive generic identification can be reached within twelve hours by the use of the citrate agar medium of Simmons (*J. Infect. Dis.* **29**:309 [Sept.] 1926), which I have found to be invaluable, as species of Escherichia do not grow on this medium while species of Aerobacter grow rapidly and heavily. It is necessary to confirm this presumptive identification with the Voges-Proskauer and methyl red tests because of the rare citrate intermediate forms. The differentiation may be most clearly summarized as follows:

Genus	Voges-Proskauer Test; i. e., Production of Acetyl-Methyl-Carbinol	Methyl Red Test	Growth on Citrate Agar
Escherichia	0	+	0
Aerobacter	+	0	+

It has been found in this clinic that 44 per cent of colon group urinary infections are due to species of Aerobacter (*J. Bact.* **17**:205 [March] 1929). In colon group blood stream invasions, the incidence of Aerobacter jumps to about 70 per cent. Moreover, the resistance of Aerobacter to drugs is much higher than that of Escherichia. For example, mercuric chloride in broth inhibits the growth of Escherichia in a dilution of 1:500,000, but 1:30,000 is required to inhibit the growth of Aerobacter. Therefore, while we no longer consider the specific identification of colon group bacilli of clinical value, we are glad to find recognition of the importance of generic identification.

JUSTINA H. HILL, M.S., Baltimore.
Bacteriologist, the James Buchanan Brady Urological Institute, Johns Hopkins University and Hospital.

AMERICAN STANDARD INSURANCE CORPORATION

To the Editor:—The American Standard Insurance Corporation of Indianapolis is circularizing New York physicians with a letter beginning "Will you accept our Physicians' Noncancellable Full Lifetime Income Policy for TWO FULL WEEKS—at our risk and expense?"

It should interest all physicians receiving this circular material to know that the New York *Medical Week* for Nov. 10, 1934, published a report on this company's financial status as of Dec. 31, 1933, obtained from the Indiana State Insurance Department by Dr. A. M. Rabiner of Brooklyn. Prospective clients looking forward to full lifetime non-cancellable income policy will judge for themselves as to the resources backing up these promises:

	None
Capital	
Income	$19,197.27
Disbursements	20,053.36
Assets	4,562.51
Liabilities	1,039.36
Balance	3,523.15

RAMSAY SPILLMAN, M.D., New York.

COMMENT.—A large number of requests have been received for information concerning the American Standard Insurance Corporation of Indianapolis. When one compares the financial standing of the American Standard Insurance Corporation, with no capital, admitted assets of something over $6,000 and liabilities of $1,000, with other well established companies the comparison is most unfavorable to this company.

Queries and Minor Notes

ANONYMOUS COMMUNICATIONS and queries on postal cards will not be noticed. Every letter must contain the writer's name and address, but these will be omitted, on request.

ACCURACY OF TESTS FOR SYPHILIS

To the Editor:—I should like to know the opinion as to the relative value of accuracy of a Kahn, Wassermann and Hinton serologic test for syphilis. Please omit name.

M.D., Texas.

ANSWER.—The relative accuracy of different tests for syphilis in this country will soon be evaluated under the auspices of the U. S. Public Health Service, jointly with the American Association of Clinical Pathologists (The Evaluation of Serologic Procedures for the Diagnosis of Syphilis, editorial, THE JOURNAL, Oct. 29, 1934, p. 1237. Cumming, H. S.; Hazen, H. H.; Sanford, A. H.; Sensar, F. E.; Simpson, W. M., and Vonderlehr, R. A.: The Evaluation of Serodiagnostic Tests for Syphilis in the United States, *ibid.*, Dec. 1, 1934, p. 1705). Approximately 1,000 comparable specimens of blood and spinal fluid will be submitted to authors of different methods or modifications from about December 1934 to March 1935 for serologic examination. Each worker will utilize only one designated method. The final results, to be submitted to the U. S. Public Health Service, should indicate which method is the most satisfactory. Meanwhile the important criteria available for judging Kahn and Wassermann tests are summarized in two reports by the League of Nations (League of Nations, Health Organization, Conference on Serodiagnosis of Syphilis held at Copenhagen, Geneva, 1928; Conference on Serodiagnosis of Syphilis held at Montevideo, Geneva, 1930). The report of the Montevideo conference refers to the Kahn reaction as being "absolutely specific and extremely sensitive" and superior to the Wassermann tests used at both conferences. Since the completion of those conferences, Wassermann procedures have generally been improved on and new precipitation methods have been presented. Reports on the Hinton test are comparatively limited in number. Burdon and Duggan (*Am. J. Syph.* **17**:110 [Jan.] 1933) obtained comparable results with the Hinton and Kahn tests. A highly reliable Wassermann technic should compare favorably with either one of these two precipitation methods.

TOXICITY OF HEMATOPORPHYRIN

To the Editor:—The question has been asked me whether the mode of murder in a recent murder story was possible and I must ask you. The victim was given hematoporphyrin, and death occurred when he went out into the sunshine. Would it be possible for one to get sufficient hematoporphyrin for that to occur? I doubted it but could not be sure. Please omit name.

M.D., Louisiana.

ANSWER.—Observations on animals as well as on human beings indicate that hematoporphyrin may cause serious symptoms and even death under certain conditions. When mice are given hematoporphyrin by subcutaneous injection and then exposed to light, the skin will become livid or red and death will occur sooner or later from failure of respiration and fall in the blood pressure (Hausmann, W.: Die sensibilisierende Wirkung des Hämatoporphyrins, *Biochem. Ztschr.* **30**:276, 1911). A boy, aged 3 years, was injected intramuscularly with 0.12 Gm. of hematoporphyrin in 30 cc. of weak solution of sodium hydroxide. Two and one-half hours later he was

exposed to a medium bright sun for twelve minutes, and four hours later the skin was markedly reddened. A week later the injection was repeated and this time exposure to sun of medium intensity for ten minutes produced a rather dangerous erythema with marked edema, blisters of varying size and a rise in temperature to 103.5; also headache (Strauch, C. B.: Photosensitization, *Am. J. Dis. Child.* 60:800 [Oct.] 1940). In view of these observations it seems reasonable to conclude that hematoporphyrin might cause death under such circumstances as are outlined in the question. There does not seem to be any good reason to believe that it would be impossible to obtain enough hematoporphyrin to cause death in a human being, especially if injected subcutaneously.

VERTIGO AFTER MOTOR ACCIDENT

To the Editor:—A man, aged 45, on July 1, 1934, had an automobile accident and was struck on the left side of the head in the temporoparietal region. The patient was unconscious for a few hours but roentgenographic studies showed no fracture, only a scalp wound. He left the hospital after a few days feeling well and resumed his work at the factory. While walking to the street he blew his nose and suddenly was seized with an attack of vertigo and fell. The vertigo passed away and he resumed an upright position and continued to his work. Since then he has noticed that sneezing or blowing the nose or lifting a weight produces a transient vertigo. He does not fall but has learned to be cautious, as otherwise he feels that he might. At the time of the accident there was no bleeding of any description from the nose or ears. Examination now shows both ear drums intact with no impairment of hearing. There is no spontaneous nystagmus. Pinning the head on the chest does not induce the vertigo. The eustachian tube on the left side is closed, or only partially patent. Nasal respiration is free. Several catheterizations have been done, with no improvement as yet. What have you to suggest as a cause or in the way of treatment? Please omit name.

M.D., Michigan.

ANSWER.—It is quite possible that the vertigo in this case is due to a caloric reaction. Blowing the nose violently may introduce a considerable quantity of air into the middle ear by way of the eustachian tube, and in some instances this causes a reaction of the vestibular apparatus the same as when cold air, or hot or cold water is introduced into the external auditory canal. When the labyrinth is cooled by such a procedure the rapid component of nystagmus is to the opposite side, and the patient falls toward the same side as the ear that is stimulated. When heat is used, the opposite reaction occurs. So far as the symptoms are concerned when lifting a weight, it is possible that some vascular disturbance in the labyrinth causes these. There is no definite treatment, except the avoidance of the excessive blowing of the nose and violent exercise.

RADICULITIS

To the Editor:—A woman, aged 70, has had a headache located in the right supra-iliac region and pain in the right thigh and leg for the past year. The pain often keeps her up at night, and she has lost 25 pounds (11 Kg.) during this time. The right knee jerk is absent. The Babinski sign is negative. Her leg is so weak that she can walk only with the aid of a cane. There are no bladder or rectal symptoms. A chronic cystitis, which she had, preceded the other obscure symptoms. Roentgen studies of the pelvis and gastro-intestinal tract, a blood count, the blood Wassermann test, and the blood urea and uric acid were all normal. She was found to have mild diabetes with a fasting blood sugar of 148 mg. per hundred cubic centimeters. Under treatment with diet and insulin, the glycosuria is easily controlled and she has gained back 10 pounds (4.5 Kg.), but no remedies thus far (local heat, adhesive strapping of the pelvis, intra-rectal manipulation, epidural block with procaine hydrochloride and phenolized solution of sodium chloride) have had any value in relieving the back and leg pain. A neurologist has diagnosed the condition as a lumbar radiculitis of either inflammatory or toxic origin. There are no apparent foci of infection. Are there any other therapeutic means of relieving her pain? What is the outlook for permanent relief of these pains? Will she recover the use of her right leg? Kindly omit name and address if published.

M.D., New York.

ANSWER.—Neurologic study has presumably excluded the possibility of an intraspinal lesion compressing the nerve roots and has shown the absence of spinal fluid block. The continued unilaterality of the symptoms and the absence of vesical and rectal disturbance tend to confirm this. Hence it appears that the radiculitis is associated with the diabetic condition, a possible arteriosclerosis or an osteo-arthritis. In the first case there should be improvement with alleviation of the diabetic state, though there may be a prolonged course. In the other conditions the main therapeutic effort is with the general state of health. Suggestions for therapy other than those already followed concern rest, possibly with extension of the limb, massage, climatic adjustment, baths and sedative forms of electric current. An exact answer to the second and third questions is not possible without more precise diagnosis, but many such cases do show amelioration and some recovery even after a prolonged duration.

MAPPING MOTOR FIELDS

To the Editor:—Please give me information concerning the method of mapping out the periphery of muscle function according to your industrial motor field chart. I have some of your charts for recording the results of this examination but would like to know the apparatus necessary to perform the test. I am aware of the fact that these twenty squares are placed on a blackboard but do not know the size of each square, the size of the test object used, or the distance the patient is seated from the blackboard. Information concerning this matter will be highly appreciated by me.

E. O. ALVIS, M.D., Indianapolis.

ANSWER.—No special apparatus is required for mapping the motor field. This procedure is best carried out with the patient seated about 1 meter away from a blank wall. The twenty squares are mapped out roughly on the wall in an area 6 feet vertically and 6 feet horizontally, thus making each square approximately 13 by 18 inches. The target used should be a minute point of light, preferably the shielded light of a self-luminous ophthalmoscope. A red glass is held before one eye of the patient, whose head should be held rigidly in the primary position. The light is then shown in each square consecutively and, when diplopia is announced by the patient, it should be recorded on the motor field chart.

EVOLUTION

To the Editor:—In THE JOURNAL, Nov. 24, 1934, page 1636, second paragraph, appears the statement "In Darwin's principle of the elimination of the unfit and the survival of the fit the only explanation? Darwin relied on inheritance of the effects of use and disuse as an aid in natural selection, but the evidence of genetics shows conclusively that these effects are not inherited." I'll bet dollars to rotten apples that Darwin did not say that and I'll eat my words if you will tell me where he says it. If there is one thing that Darwin and Alfred Russel Wallace both stressed in contradistinction to Lamarck it was that acquired characteristics could not be transmitted, that use or disuse played not a single note in heredity by reason of the fact that the germ cells of a future generation were intact before the fetus was fully developed or born.

O. R. HAGEN, M.D., Paterson, N. J.

ANSWER.—The editorial in question was based wholly on Professor Conklin's lecture on progress in the study of evolution (*Science* 80:147 [Aug. 17] 1934). Professor Conklin says that, in the old evolution of Lamarck and Darwin, "attention was fixed upon the developed organism and evolutionary changes were supposed to be first made in the adult and then by some mysterious process to be transferred to the germ cells; in the newer views of evolution changes are first wrought in the germ cells and only later appear in the developed organism." Professor Conklin also points out that Darwin and many others sought refuge "in the inherited effects of use and disuse as an aid to natural selection, but this refuge is now denied us, for the evidence from genetics are conclusive that such effects are not inherited." It is not claimed that Darwin made any particular statement; the object of the editorial was only to summarize as correctly as possible Professor Conklin's discussion.

ANTITYPHOID VACCINATION IN CHILD GOING TO PUERTO RICO

To the Editor:—Would it be wise or essential to administer typhoid, paratyphoid vaccine prophylaxis to a 6 year old child who expects to spend the winter in Puerto Rico?

EDWIN P. RUSSELL, M.D., Rome, N. Y.

ANSWER.—It is certainly advisable to immunize this child against typhoid. Since rather severe reactions sometimes follow the administration of the vaccine, it would be wise to begin with one third of the usual dose, giving the vaccine in five or six injections. The Puerto Rican Health Bureau reports show that there has been no recent epidemic of typhoid but that the disease is endemic. The number of cases reported during the last two years has varied from seven to thirty-five monthly. In 1931 the mortality rate was 6.6 per hundred thousand; in 1932, 5.1.

X-RAYS IN PROSTATIC HYPERTROPHY

To the Editor:—Has treatment with x-rays ever been successful in reducing the size (and thus giving better bladder drainage) of a non-malignant hypertrophied prostate? I have been told that it will reduce uterine fibroids in size. Why will it not reduce the size of the prostate?

G. B. TIMBERLAKE, M.D., Atlanta, Ga.

ANSWER.—The use of x-rays in the treatment of benign hypertrophy of the prostate has not been successful either in reducing the size of the gland or in relieving the obstruction or symptoms. X-rays have been successfully used to reduce the size of uterine fibroids. An explanation does not seem to have been given for the fact that they work in fibroids and not in the prostate.

TREATMENT OF TABETIC PAINS

To the Editor:—In case of tabes dorsalis in a woman, aged 50, of a number of years' duration, having had antisyphilitic treatment years ago, and at present a negative blood and spinal fluid Wassermann reaction, what is the best remedy for the relief of severe lightning pains of the extremities (morphine nonexistent; and the products take too long)? What may be used in place of intravenous trypanosamide when the veins are too small (she is receiving iodobismitol and iodides)? Please omit name.

M.D., New York.

ANSWER.—From the question it is judged that the pains are so severe as to make life unbearable. Consideration may then be given to the use of such measures as the epidural (not intradural) injection of physiologic solution of sodium chloride, with or without the addition of small amounts of procaine hydrochloride. Sometimes these will result in prolonged remissions. When the pain is so severe as to cause exhaustion it may be necessary to resort to division of the pain tracts in the cord, either by chordotomy or by division of the posterior commissure. These are dangerous procedures and must be carried out by an experienced neurosurgeon. There are no substitutes for trypanosamide that can be administered orally. Consideration might be given to the use of pyretotherapy, the results of which are variably reported.

INSOMNIA IN AGED

To the Editor:—A woman, aged 86, is suffering with chronic insomnia. Once she gets a good night's sleep she is up and about the next day feeling fine. Without a good night's sleep she is miserable the whole day. She has a chronic myocarditis and a chronic gastritis of some sort, and gets along well on a milk and egg diet, though there is no definite evidence of ulcer of the stomach. The blood pressure is 160 systolic, 90 diastolic. There are no other significant physical manifestations. She requires large doses of hypnotics; 60 grains (5 Gm.) of sodium bromide does not avail. It takes 9 grains (0.6 Gm.) of sodium amytal or avral to put her to sleep for several hours and she has to have it every night. Kindly suggest the best thing to do in this case. Please omit name.

M.D., New York.

ANSWER.—Treatment for insomnia in the aged is always a difficult and individual problem. It may be necessary to continue the use of the hypnotics that are found to be efficacious. Sometimes small doses of alcohol will produce the desired effect; this treatment may be combined with advantage in some cases with paraldehyde. It is assumed that attention has been given to general hygienic measures and predormitial occupation.

UNION OF SKULL SUTURES IN INFANT

To the Editor:—In Queries and Minor Notes in THE JOURNAL, December 29, 1934, page 2046, you answered an M.D. from California on the question of premature osseous union of skull sutures in a 10 weeks old infant. You stated that this was probably secondary to failure of brain growth and led to the group called microcephalic. I am sure you are correct in this statement but I do not feel that the question was fully answered.

It is known that exophthalmic and exencephaly, which are due to premature synostosis of the sutures, can lead to feebleindedness (Brandebrunner, A. N.: Oxycephaly as a Pathogenic Entity, *Am. J. Dis. Child.* 48:837 [Oct.] 1931); also that the conditions, if found early enough, may be amenable to surgical intervention (Gilman, in Cabot Case Reports, *New England J. Med.* 206:274 [Feb. 5] 1931).

Although I know of no reports in infancy, it is conceivable, although very improbable, that this mechanism may be at play in the questioned case. The M.D. should be able to rule out this remote possibility by:

1. Feeling of the sutures, which at this age are open, giving a flexibility to the skull plates.
2. A fundus examination.
3. A lumbar puncture.

B. BARRETT GILMAN, M.D., Boston.
Epidemiologist, Commonwealth of Massachusetts, Department of Public Health.

POSSIBLE HYPERINSULINISM

To the Editor:—In answer to a query of a Texas physician entitled "Vomiting in Childhood" which appeared in THE JOURNAL, January 26, the differential diagnosis included recurrent or cyclic vomiting, allergic reaction or overfeeding and appendicitis. The syndrome as given was of a well boy, aged 6 years, who, while playing, suddenly goes to his mother, complains of nausea, vomits, then becomes completely relaxed and pale and has a bowel movement. This is followed by a short sleep of two or three hours, following which the child is apparently well. If these symptoms follow close on one another in approximately the same sequence each time the child has an "attack" and the whole is over within a comparatively short period of time every month or so, I think it is well to consider also in this case a type of pelic mal or possibly a so-called epileptic equivalent. Because of the vertiginous opposite, it would be well to exclude a possibility of hyperinsulinism. The child may have enough dextrose to keep all symptoms in abeyance until he overexerts himself, such as in playing and running about, when he may develop a temporary hypoglycemic state.

MICHAEL A. BERSCIA, M.D., Queens, N. Y.

Medical Examinations and Licensure

COMING EXAMINATIONS

AMERICAN BOARD OF DERMATOLOGY AND SYPHILOLOGY: *Written (Group B candidates).* The examinations will be held in various cities throughout the country, April 29. *Oral (Group A and Group B candidates).* New York, June 16. Sec., Dr. C. Guy Lane, 416 Marlborough St., Boston.

AMERICAN BOARD OF OBSTETRICS AND GYNECOLOGY: *Final oral and clinical examination (Group A and Group B candidates).* Atlantic City, N. J., June 10-11. Sec., Dr. Fred Titus, 1015 Highland Bldg., Pittsburgh.

AMERICAN BOARD OF OPHTHALMOLOGY: Philadelphia, June 6, and New York, June 10. *Applications must be filed before April 10.* Sec., Dr. William H. Wilder, 122 S. Michigan Blvd., Chicago.

AMERICAN BOARD OF OTOLARYNGOLOGY: New York, June 8. Sec., Dr. W. P. Wherry, 1500 Medical Arts Bldg., Omaha.

AMERICAN BOARD OF PEDIATRICS: Atlantic City, N. J., June 10, and St. Louis, Nov. 19. Sec., Dr. C. A. Aldrich, 721 Davis St., Wilmette, Ill.

AMERICAN BOARD OF PSYCHIATRY AND NEUROLOGY: Philadelphia, June 7-8. Sec., Dr. Walter Freeman, 1726 Eye St. N.W., Washington, D. C.

AMERICAN BOARD OF RADIOLOGY: San Francisco, May 10-12, and Atlantic City, N. J., June 8-10. Sec., Dr. Byrl R. Kirklin, Mayo Clinic, Rochester, Minn.

ARIZONA: Phoenix, April 2-3. Sec., Dr. J. H. Patterson, 836 Security Bldg., Phoenix.

ARKANSAS: *Basic Science.* Little Rock, May 6. Sec., Mr. Louis E. Gaboury, 701 Main St., Little Rock. *Examining.* Little Rock, May 14. Sec., Dr. S. Buchanan, Prescott. *Eclectic.* Little Rock, May 14. Sec., Dr. L. L. Marshall, 620 W. 14th St., Little Rock.

CALIFORNIA: *Reciprocity.* San Francisco, May 15. Sec., Dr. Charles B. Pinkham, 420 State Office Bldg., Sacramento.

COLORADO: Denver, April 3. Sec., Dr. Wm. Whitridge Williams, 422 State Office Bldg., Denver.

IDAHO: Boise, April 2. Commissioner of Law Enforcement, Hon. Emmett Price, 203 State House, Boise.

ILLINOIS: Chicago, April 9-11. Superintendent of Registration, Department of Registration and Education, Mr. Eugene R. Schwartz, Springfield.

MINNESOTA: *Basic Science.* Minneapolis, April 2-3. Sec., Dr. J. Charnley McKinley, 126 Millard Hall, University of Minnesota, Minneapolis. *Medical.* Minneapolis, April 16-18. Sec., Dr. E. J. Engberg, 350 St. Peter St., St. Paul.

MONTANA: Helena, April 2. Sec., Dr. S. A. Cooney, 7 W. 6th Ave., Helena.

NATIONAL BOARD OF MEDICAL EXAMINERS: The examination will be held in all centers where there are Class A medical schools and five or more candidates desiring to take the examination, June 24-26. Ex. Sec., Mr. Everett S. Elwood, 225 S. 15th St., Philadelphia.

NEBRASKA: *Basic Science.* Omaha, May 7-8. Dir., Bureau of Examining Boards, Mrs. Clark Perkins, State House, Lincoln.

NEVADA: Carson City, May 6. Sec., Dr. Edward E. Hamer, Carson City.

NEW MEXICO: Santa Fe, April 8-9. Sec., Dr. P. G. Cornish Jr., 221 W. Central Ave., Albuquerque.

OREGON: *Basic Science.* Portland, May 18. Sec., Mr. Charles D. Byrne, University of Oregon, Eugene.

RHODE ISLAND: Providence, April 4-5. Dir., Department of Public Health, Dr. Edward A. McLaughlin, 319 State Office Building, Providence.

Florida November Examination

Dr. William M. Rowlett, secretary, Florida State Board of Medical Examiners, reports the examination held in Tampa, Nov. 12-13, 1934. Sixty candidates were examined, 39 of whom passed and 21 failed. The following schools were represented:

School	PASSED	Year Grad.	Per Cent
College of Medical Evangelists		(1931)	79.4
Yale University School of Medicine		(1931)	82
Georgetown University School of Medicine		(1931)	75
George Washington University School of Medicine		(1929) 86.3, (1934)	78.1, 80.9
University of Georgia School of Medicine		(1932) 78.8, (1934)	75, 79.9
Rush Medical College			79.9
Indiana University School of Medicine		(1934)	81.3,* 84.7*
Univ. of Louisville School of Medicine		(1931)	77.7
Tulane University of Louisiana School of Medicine		(1932) 83.3, (1934)	91.3
Johns Hopkins Univ. School of Medicine		(1934)	76
University of Michigan Medical School		(1932) 83.4, (1934)	88.5
Univ. of Minnesota College of Medicine and Surgery		(1924)	73.2
University of Minnesota Medical School		(1925)	78.7
Albany Medical College		(1928)	77.4
Cornell University Medical College		(1934)	80.6
New York Homeopathic Med. College and Flower Hosp.		(1922)	78.9
New York University, University and Bellevue Hospital Medical School		(1928)	81.6
University of Buffalo School of Medicine		(1933)	81.3
University of Rochester School of Medicine		(1933)	84.4
Univ. of Cincinnati College of Medicine		(1928) 79.3, (1934)	76.3*
Hahnemann Med. College and Hospital of Philadelphia		(1933)	80.3
Jefferson Medical College of Philadelphia		(1933)	88.3
University of Pennsylvania School of Medicine		(1933)	80.4
Temple University School of Medicine		(1928)	79.6
Medical College of the State of South Carolina		(1930)	76
Meharry Medical College		(1933)	88.1
University of Tennessee College of Medicine		(1933)	72
Vanderbilt University School of Medicine		(1930) 82.4, (1934)	81.2
Medical College of Virginia		(1932) 79.1, (1934)	76.1
Univ. of Virginia Department of Medicine		(1933) 85.4, (1934)	83.9

School	FAILED	Year Grad.	Per Cent
University of Arkansas School of Medicine		(1933)	69.1
Howard University College of Medicine		(1934)	62.4
Atlanta College of Physicians and Surgeons, Georgia		(1913)	68.8
Chicago College of Medicine and Surgery		(1916)	70.5

College of Physicians and Surgeons of Chicago	(1926)	48.9
Loyola University School of Medicine	(1932)	56.6
Rush Medical College	(1926)	64.8
University of Illinois College of Medicine	(1932)	66.7
University of Louisville School of Medicine	(1927)	42.5
Johns Hopkins University School of Medicine	(1925)	68.5
Kansas Medical College, Missouri	(1926)	71.7
Kansas Medical College, Ohio	(1926)	71.3
Ohio State University College of Medicine	(1930)	64.8
University of Oklahoma School of Medicine	(1915)	72.5
Asbury Medical College	(1924)	62.2
Vanderbilt University School of Medicine	(1882)	67.2
University of Vermont College of Medicine	(1918)	72.8
Universidad de la Habana Facultad de Medicina		
Farmacia	(1916) 58.3† (1925) 71.4	(1920) 64.1†

* This applicant has completed his medical course and will receive his M.D. degree on completion of internship.
† Verification of graduation in process.

Book Notices

Treatment by Diet. By Clifford J. Barborka, B.S., M.S., M.D., Department of Medicine, Northwestern University Medical School, Chicago. Cloth. Price, $5. Pp. 812, with illustrations. Philadelphia & London: J. B. Lippincott Company, 1934.

Perhaps no field of human thought has become permeated with more sentiment and prejudice than the subject of dietetics. Accordingly, it is refreshing to read a book in which sound judgment and logical thinking born of practical experience replace lengthy accounts of theories developed by food faddists with their pseudoscientific gestures to promote health. For a long time there has been a need for a book on dietetics for physicians that would stress the elementary principles of nutrition and relate their practical application to clinical medicine. This book comes as close to meeting this need as any that has appeared recently. It is concise in organization, the data are unusually complete but simply and clearly stated, and the manner of presentation is systematic and practical. The book is divided into five parts. In the first part the author gives a brief but adequate discussion of diet in health. The following part is concerned with the application of dietotherapy and affords the physician an excellent method of teaching the patient to visualize definite portions and servings of various foodstuffs. The third part is devoted to diet in disease and uniquely divided into conditions in which diet is of paramount importance and diseases in which diet is of varying importance. Such a manner of presentation assumes a clinical background and the author is well prepared by virtue of his long experience in hospital work and private practice. The fourth section is devoted to routine hospital diets and special methods of feeding. The concluding section deals with standard weight charts, tables of equivalents, approximate weights and measures, and other useful information for the physician in instructing the patient for the diet prescribed. A well chosen bibliography of current and standard literature in the field of nutrition is given at the end of the book. Every physician in the practice of medicine should find this work a helpful adjunct to his other books on treatment. It is written especially for him, anticipating his practical need and sparing him of much useless and controversial data, so often found in textbooks of this type. Wherever possible the author has resorted to tables and outline, so the essence of his subject will be readily apparent. While any one interested in dietetics can profit from his book, the man in the actual practice of medicine will welcome it.

Néphropathies et néphrites: Leçons cliniques. Par F. Rathery, professeur à la Faculté de médecine de Paris. Paper. Price, 45 francs. Pp. 208. Paris: Librairie J. B. Baillière et fils, 1934.

This is written in the form of clinical lessons, so popular in France since the days of Trousseau. The method has certain didactic advantages, particularly for the practicing physician and advanced student, in that it facilitates concentration on special topics and the presentation of the individual point of view of the author. On the other hand, the lecture is less well adapted to the systematic elucidation of a broad subject. The book has the advantages and disadvantages of its expository method. The reader who is already tolerably well oriented in the field will probably find considerable food for thought in the author's experiences and points of view on the subjects considered: precocious arterial hypertension, hypertensive crises in the course of chronic nephritis, juvenile albuminuria, changes in the proteins and lipids of the plasma in nephritis, nephritis with hyperchloremia, malignant chronic nephritis in the adolescent, pure azotemic nephritis, acute nephritis and erythema nodosum, renal amyloidosis, renal diabetes, and nephrotic syndromes in the tuberculous. However, some of the subjects are considered in detail, and some of the conclusions seem based on insufficient evidence. Certain of Rathery's conceptions are in diametrical contradiction to those dominant in this country. He believes that hypertension is most often a result of disease of the kidney. There is insufficient discrimination between those forms of hypertension which are the result of inflammation of the kidneys and those which are of extrarenal genesis. Following in the tradition of Widal, renal disease is largely classified on the basis of whether nitrogen or chloride is retained, with only secondary consideration of the nature of the process in the kidneys. Chronic appendicitis is stated to be a frequent cause of renal lesions, but there is no supporting evidence. There is some interesting casuistic material in the book. Some of the data regarding the individual lipid fractions in the plasma and the chloride content of the red cells and plasma in various forms of renal disease may be of value to American readers. Rathery rightfully emphasizes that the chloride content of the red cells is not necessarily an accurate index of the concentration of chloride in the tissues in general, an assumption made by some investigators.

What About Sterilization? A Series of Eight Articles Discussing the Question from the Moral and Scientific Points of View. By Rev. Ignatius W. Cox, S.J., and James J. Walsh, M.D., Ph.D. Paper. Price, 15 cents. Pp. 31. Washington, D. C.: National Catholic Welfare Conference, 1934.

This is a fusion of medical and biologic science with religion, the latter dominant. Sterilization under any and all conditions is unqualifiedly condemned "as an invasion of God's exclusive dominion over man's faculties." On the strictly scientific side the pamphlet does not give fairly the views of such competent biologists as Professor Jennings, who admits that the sterilization of definite mental defectives will reduce mental defectives in society by a considerable percentage. The pamphlet is also in conflict with the famous ruling of the late Justice Holmes of the United States Supreme Court: "Three generations of imbeciles is enough."

The Practice of Dietetics. By I. H. Newburgh, M.D., Professor of Clinical Investigation, the Medical School, University of Michigan, Ann Arbor, and Frances Markinson, A.B., Dietitian, Diet Therapy Clinic, University Hospital, University of Michigan. Cloth. Price, $4. Pp. 384. New York: Macmillan Company, 1934.

This book is presented in three parts, the first discussing the needs of the body, the second the methods of selecting these materials, and the third the problems associated with the use of diet in the control of disease. The book is written primarily for the doctor and the dietitian rather than the average lay reader. It is a scientific consideration of the subject and quite up to date. Its chapters on therapy are concerned largely with the dietary control of diabetes and of renal disease. There is no attempt to provide recipes or menus, but rather to give enough information about the disease concerned and the foods to be used to permit an intelligent physician to prescribe scientifically for his patient.

Lectures on Medical Electricity. By Elkin P. Cumberbatch, M.A., B.M., D.M.R.E., Medical Officer in Charge, Electrical Department, and Lecturer on Medical Electricity, St. Bartholomew's Hospital. Cloth. Price, 6/-. Pp. 236, with 38 illustrations. London: Henry Kimpton, 1934.

As in his book "Essentials of Medical Electricity," Dr. Cumberbatch pays greatest attention to the subject of the galvanic current. Eight out of the twelve lectures contained in the book are devoted to this subject. Medical and surgical diathermy, the static current, infra-red, and visible and ultraviolet radiation are covered in the remaining four chapters. The emphasis placed on the galvanic current is out of proportion to its relative use in actual medical practice. The lectures are written in colloquial manner with the injunction to "write down the following note." These notes are printed in a type differing from that of the general text. This style makes for simplicity and clarity. With the exception of the direct or galvanic current, the subject matter of the book, although it is of value to the medical student, is covered in too sketchy a manner to permit it to be of any great value to the practitioner of medicine.

Our Heritage and Other Addresses. By Colonel Hon. Herbert A. Bruce, B.A.M.C., M.D., L.R.C.P., Lieutenant-Governor of Ontario. Cloth. Price, $2.50. Pp. 302. Toronto: The Macmillan Company of Canada, Ltd., 1934.

In chronological order Dr. Bruce presents addresses delivered by him as lieutenant governor of Ontario from Dec. 31, 1932, through November 1934. The addresses cover almost every phase of human interest. Of particular medical interest are those on the romance of surgery, sterilization of the feeble-minded, cheaper convalescence, medicine acknowledges no national barriers, quacks versus science, cost of convalescence, the literary practices of some medical practitioners, and numerous addresses on such subjects as housing and education which are in the field of social medicine. The point of view of Dr. Bruce is unusually sound and yet fairly advanced. He writes directly and simply. Unfortunately, some of the addresses are pointed for the occasion on which they were given and will have but little interest for those who read them in this collection.

Medicolegal

Malpractice: Baldness Attributed to Roentgen Treatment.—The patient had a small sore on the crown of her head which the appellant physician diagnosed as favus. He administered three roentgen treatments to her head. As a result of the negligent administration of the treatments, it was alleged, the patient suffered a severe burn resulting in permanent baldness of most of her head. The father, as next friend of the patient, his minor daughter, sued the physician and obtained judgment in the trial court. The physician appealed to the court of civil appeals of Texas, Austin.

The physician contended that the baldness was due to the disease. He testified that the first treatment was for five minutes on the sore spot, the second for five minutes each on five different areas in the region of the sore spot, and the third for eight minutes on the sore spot. He and other experts testified that this was the proper method of roentgen treatment. The girl's parents, who accompanied her at the time of each treatment, testified that the first treatment was from fifteen to thirty minutes, the second for one hour and a half, and the third for a longer period of time than eight minutes. After the second exposure, or treatment, according to the testimony, the girl's head began to turn red and blisters appeared. Later the head became as "a piece of raw meat" and continued so for several months, causing her great pain, and in the end sloughed off to the bone, leaving her bald. The testimony of the experts as to whether favus would cause complete baldness conflicted. Some testified that in extreme cases it would, while another testified that only the immediate hair involved would die. After examining the girl's head before the jury, one of the experts testified that her baldness was caused by a burn and that she would be permanently bald. The doctrine of res ipsa loquitur, said the court, is not involved in this case, and under the evidence it was clearly a question for the jury to determine whether the injuries were caused by the physician's negligence.

The physician further contended that the court erred in permitting a picture from a medical textbook to be exhibited to the jury to test the weight to be given to the testimony of an expert witness called by him. This witness testified that a favus infection might produce complete or splotched baldness, depending on the extent and severity of the infection; and that the straight lines of demarcation of the bald and hairy portions of the girl's head were a mere coincidence, in that the infection of hair follicles happened to stop at the straight lines. On cross-examination, this witness testified that a certain textbook on roentgen rays was a standard authority. He was shown a picture in the textbook as typical of baldness caused by favus infection, which he said showed a moderate infection, because the patient had hair scattered over his head. Over objection, the picture was exhibited to and inspected by the jury. The rule is settled, said the court, that the knowledge and qualification of an expert witness may be tested as against accepted authorities on the subject testified about. The same rule should apply to a picture as to the written text.

There was sufficient evidence, the court said, that the girl would suffer physical discomfort in the future because of her baldness, and the trial court did not err in submitting such discomfort as an element of damages suffered by her. The judgment of the trial court was affirmed.—*Hess v. Millsap (Texas), 72 S. W. (2d) 923.*

Society Proceedings

COMING MEETINGS

Alabama, Medical Association of the State of, Mobile, April 16-18. Dr. D. L. Cannon, 319 Dexter Avenue, Montgomery, Secretary.

American Association of Anatomists, St. Louis, April 16-20. Dr. George W. Corner, University of Rochester School of Medicine, Rochester, N. Y., Secretary.

American Association of Pathologists and Bacteriologists, New York, April 18-19. Dr. Howard T. Karsner, 2085 Adelbert Road, Cleveland, Secretary.

American Association of the History of Medicine, Atlantic City, May 6. Dr. Edward J. G. Beardsley, 1919 Spruce Street, Philadelphia, Secretary.

American Association on Mental Deficiency, Chicago, April 25-27. Dr. Groves B. Smith, Beverly Farms, Godfrey, Ill., Secretary.

American College of Physicians, Philadelphia, April 29-May 3. Mr. F. R. Loveland, 133 South 36th Street, Philadelphia, Executive Secretary.

American Dermatological Association, White Sulphur Springs, W. Va., May 3-4. Dr. William H. Guy, 500 Penn Avenue, Pittsburgh, Secretary.

American Pediatric Society, Cleveland, May 2-4. Dr. Hugh McCulloch, 325 North Euclid Avenue, St. Louis, Secretary.

American Physiological Society, Detroit, April 10-13. Dr. Frank C. Mann, Mayo Clinic, Rochester, Minn., Secretary.

American Psychiatric Association, Washington, D. C., May 13-17. Dr. William C. Sandy, State Education Building, Harrisburg, Pa., Secretary.

American Society for Clinical Investigation, Atlantic City, May 8. Dr. H. L. Blumgart, 130 Brookline Avenue, Boston, Secretary.

American Society for Experimental Pathology, Detroit, April 10-13. Dr. Shields Warren, 195 Pilgrim Road, Boston, Secretary.

American Society for Pharmacology and Experimental Therapeutics, Detroit, April 10-13. Dr. E. M. K. Geiling, 710 N. Washington Street, Baltimore, Secretary.

American Society of Biological Chemistry, Detroit, April 10-13. Dr. H. A. Mattill, State University of Iowa, Iowa City, Secretary.

Arizona State Medical Association, Phoenix, April 25-27. Dr. D. F. Harbridge, 15 East Monroe Street, Phoenix, Secretary.

Arkansas Medical Society, Fort Smith, April 15-17. Dr. W. R. Brashear, 602 Garrison Avenue, Fort Smith, Secretary.

Association of American Physicians, Atlantic City, May 7-8. Dr. James H. Means, Massachusetts General Hospital, Boston, Secretary.

California Medical Association, Yosemite, May 13-16. Dr. F. C. Warnshuis, 450 Sutter Street, San Francisco, Secretary.

Connecticut State Medical Society, New Haven, May 22-23. Dr. C. W. Comfort Jr., 27 Elm Street, New Haven, Secretary.

District of Columbia, Medical Society of the, Washington, May 1. Dr. C. B. Conklin, 1718 M Street N.W., Washington, Secretary.

Federation of American Societies for Experimental Biology, Detroit, April 10-13. Dr. H. A. Mattill, State University of Iowa, Iowa City, Secretary.

Florida Medical Association, Ocala, May 13-15. Dr. Shuler Richardson, 111 West Adams Street, Jacksonville, Secretary.

Georgia, Medical Association of, Atlanta, May 7-10. Dr. Allen H. Bunce, 139 Forrest Avenue N.E., Atlanta, Secretary.

Illinois State Medical Society, Rockford, May 21-23. Dr. Harold M. Camp, Lahl Building, Monmouth, Secretary.

Iowa State Medical Society, Davenport, May 8-10. Dr. Robert L. Parker, 3510 Sixth Avenue, Des Moines, Secretary.

Kansas Medical Society, Salina, May 6-10. Mr. Clarence Monnig, Shawnee Building, Topeka, Executive Secretary.

Louisiana State Medical Society, New Orleans, April 29-May 1. Dr. P. T. Talbot, 1430 Tulane Avenue, New Orleans, Secretary.

Maryland, Medical and Chirurgical Faculty of, Baltimore, April 23-24. Dr. Walter Dent Wine, 1211 Cathedral Street, Baltimore, Secretary.

Mississippi State Medical Association, Biloxi, May 14-16. Dr. T. M. Dye, McWilliams Building, Clarksdale, Secretary.

Missouri State Medical Association, Excelsior Springs, May 6-9. Dr. E. J. Goodwin, 634 North Grand Boulevard, St. Louis, Secretary.

Nebraska State Medical Association, Omaha, May 14-16. Dr. R. B. Adams, Center-McKinley Building, Lincoln, Secretary.

New Hampshire Medical Society, Manchester, May 7-8. Dr. Carleton R. Metcalf, 5 South State Street, Concord, Secretary.

New Jersey, Medical Society of, Atlantic City, April 30-May 2. Dr. J. S. Morrison, 66 Milford Avenue, Newark, Secretary.

New York, Medical Society of the State of, Albany, May 13-15. Dr. Daniel S. Dougherty, 2 East 103d Street, New York, Secretary.

North Carolina, Medical Society of the State of, Pinehurst, May 6-8. Dr. L. B. McBrayer, Southern Pines, Secretary.

Oklahoma State Medical Association, Oklahoma City, May 13-15. Dr. L. S. Wilbur, 301 Ainsworth Building, McAlester, Secretary.

South Carolina Medical Association, Florence, April 23-25. Dr. R. A. Hoke, Spartanburg, Secretary.

South Dakota State Medical Association, Pierre, May 13-15. Dr. John F. D. Cole, Langford, Secretary.

Tennessee State Medical Association, Nashville, April 9-11. Dr. H. H. Shedden, 706 Church Street, Nashville, Secretary.

Texas, State Medical Association of, Dallas, May 13-16. Dr. Holman Taylor, 301 Medical Arts Building, Fort Worth, Secretary.

West Virginia State Medical Association, Wheeling, May 6-8. Mr. Joe W. Savage, Public Library Building, Charleston, Executive Secretary.

Current Medical Literature

AMERICAN

The Association library lends periodicals to Fellows of the Association and to individual subscribers to THE JOURNAL in continental United States and Canada for a period of three days. Periodicals are available from 1925 to date. Requests for issues of earlier date cannot be filled. Requests should be accompanied by stamps to cover postage (6 cents if one and 12 cents if two periodicals are requested). Periodicals published by the American Medical Association are not available for lending but may be supplied on purchase order. Reprints as a rule are the property of authors and can be obtained for permanent possession only from them.

Titles marked with an asterisk (*) are abstracted below.

American Journal of Clinical Pathology, Baltimore

5:1-88 (Jan.) 1935

Pathogenesis of Primary Cancer of Lung. H. C. Sweany, Chicago. —p. 1.

Determination of Lead in Excreta and Tissues. R. A. Kehoe, Cincinnati.—p. 13.

Studies of Edema, Especially Edema of Renal Origin. E. J. Kirk, Omaha.—p. 21.

Mechanism of Jaundice: Working Hypothesis. N. W. Ehrn, Reading, Pa.—p. 60.

*New Antigens for Kolmer Modification of Wassermann Test. J. A. Kolmer, Philadelphia.—p. 35.

Anatomic Study of Thoracopagus Monster Delivered Dead at Full Term. L. W. Larson and P. W. Preise, Bismarck, N. D.—p. 60.

Survey of Training Courses for Laboratory Technicians in General Hospitals. K. Ibeda, St. Paul.—p. 64.

Antigens for Modification of Wassermann Test.—Kolmer states that the acetone insoluble lipoids recovered from the ether extractions of beef heart powder in the preparation of the Kahn antigen have definite antigenic value. The addition of 2 Gm. of these lipoids to the Kolmer cholesterolized and lecithinized alcoholic extract of heart definitely increases its antigenic sensitiveness with a slight or no increase in the anticomplementary activity. A simplified or alternative method of preparing this antigen reenforced with 2 Gm. of lipoids per hundred cubic centimeters is described. This simplified antigen is preferred because it is more antigenic and simpler and easier to prepare. Because of its higher antigenic sensitiveness the author recommends the use of 20 antigenic units instead of 10 units of either antigen in performing the Kolmer modification of the Wassermann test. These antigens in a dose of 20 antigenic units increase the sensitiveness of the Kolmer complement fixation test for syphilis while preserving its higher specificity or freedom from falsely positive reactions when the test is conducted as described originally.

American J. Digestive Diseases of Children, Chicago

2:759-828 (Jan.) 1935

*The Problem of Infection in Gallbladder Disease: Report on Experimental Production of Cholecystitis. M. E. Rehfuss and G. M. Nelson, Philadelphia.—p. 759.

Intestinal Giardiasis in New England: Notes on Its Pathogenicity and Symptomatology. L. MacPhee and B. S. Walker, Boston.—p. 768.

Functional and Nervous Disorders of Stomach and Alimentary Tract. B. B. Crohn, New York.—p. 773.

*One Hundred and Sixty-Nine Studies in Gastric Secretion During the Night. A. Winkelstein, New York.—p. 778.

Clinical Notes Concerning Distal Ileitis as Manifestation of Bacillary Dysentery. J. Felsen, New York.—p. 782.

Inhibitory Effect of Histamine on Gastric Secretion. Armine Alley, Montreal.—p. 787.

Vitamin A as Prophylactic Against the Common Cold in Groups of School Children. Esther M. Tress, Long Beach, N. Y.—p. 795.

Differentiation of Confusing Shadows in Cholecystography. M. A. Hershenson, Pittsburgh.—p. 799.

Treatment of Massive Gastroduodenal Hemorrhage. F. Smithies, Chicago.—p. 803.

Silent Carcinomas of Large Intestine. E. L. Strohl and J. A. Bargen, Rochester, Minn.—p. 808.

Portal Cirrhosis: Combined Medical and Surgical Management: Report of Instance. H. A. Rusk and H. G. Newman, St. Louis.—p. 810.

Experimental Production of Cholecystitis.—For the experimental production of cholecystitis, Rehfuss and Nelson obtained organisms in pure cultures of hormone broth from areas clinically believed to be diseased: nasal discharges, abscessed teeth, gums, tonsils, bile, urine, prostatic secretion and colon walls. Subcultures on agar mediums were preserved at refrigerator temperature as sources from which subsequent cultures were obtained. It was their desire to produce chronic lesions more like those which one would expect to occur from a focal area that probably throws into the blood stream at varying intervals a small number of organisms or their by-products. Small, ascending amounts were injected into rabbit's ear veins, usually beginning with 0.02 cc. of the six hour culture. These were repeated in larger doses once or twice a week, depending on whether or not there were signs which would lead one to believe that the rabbits were sick. Prior to each injection the cultures were examined and smears were made in order to be sure that contamination had not occurred. Postmortem examinations were performed on the rabbits after from two to ten months, except in the case of a few that died or were killed because of extreme illness. Histologic observations illustrate the engorgement of blood vessels, distention of the gallbladder, thickening of the wall and the leukocytic infiltration. Such were the observations in varying degrees of those considered to be diseased gallbladders. Of the several hundred animals that had not received bacterial injections, none presented gallbladders similar to those considered to be diseased. With one exception, diseased gallbladders were found after the injection of a variety of organisms obtained from various focal areas. Twenty-five per cent of the rabbits were so affected. Organisms were recovered at times from the bile of gallbladders believed to be grossly normal. The route by which bacteria reach the gallbladder in the majority of instances appears to be by way of the blood stream. In general, from this study the authors believe that almost half of the cases of gallbladder disease seen clinically are bacterial in origin.

Studies in Gastric Secretion.—Winkelstein studied the curve of gastric secretion during the night in 169 patients. He observed that normal persons have little or no free hydrochloric acid during the night. Patients having duodenal, gastric and jejunal ulcer have a high nocturnal curve and a high titer of free acid. In gastric neuroses there is a low nocturnal curve of secretion. In gastric carcinoma the gastric contents during the night resemble those found in the usual day test meal; i. e., a low acidity with increased mucus and blood. The nocturnal hypersecretion and hyperchlorhydria in peptic ulcer cannot be controlled by alkalis, olive oil, atropine and aspiration. In the author's opinion the best medical method of controlling the gastric secretion during the night is the milk drip. Surgically, partial gastrectomy frequently accomplishes the same result. He discusses the significance of these observations particularly in the problem of peptic ulcer and emphasizes the injurious effect on the gastric mucosa of an increased fasting or interdigestive secretion.

American Journal of Physiology, Baltimore

111:1-230 (Feb. 1) 1935. Partial Index

Effects of Adrenalin Injection in Moderate Work. D. B. Dill, H. T. Edwards and R. H. de Meio, Boston.—p. 9.

Blood Sugar Regulation in Exercise. D. B. Dill, H. T. Edwards and S. Mead, Boston.—p. 21.

Rates of Resorption in Gallbladder: Estimations Based on Experiments with Methylene Blue on Rabbits. B. Halpert, W. R. Thompson and F. L. Marting, New Haven, Conn.—p. 31.

Insensible Perspiration and Galvanic Skin Reflex. G. L. Freeman and C. W. Darrow, Chicago.—p. 35.

Effects of Carbon Dioxide on Urine Formation and Glomerular Blood Flow. E. F. Adolph, Rochester, N. Y.—p. 64.

Manner in Which Electric Currents Generated by Heart Are Conducted Away. L. N. Katz and H. Korey, Chicago.—p. 83.

Thyroxine and Tissue Metabolism. Aleita Hopping Scott, New York. —p. 107.

Effect of Feeding High Amounts of Soluble Iron and Aluminum Salts. H. J. Deobald and C. A. Elvehjem, Madison, Wis.—p. 118.

Liver Amylase: Effect of Nutrition and of Hormones. F. H. Scharles, Phoebe D. Robb and W. T. Salter, Boston.—p. 130.

Phospholipid Content of Liver, Skeletal Muscle and Whole Blood as Affected by Thyroxine Injections. L. H. Schmidt, Cincinnati.—p. 138.

Monophasic Electrogram Obtained from Mammalian Heart. E. Jochim, L. N. Katz and W. Mayne, Chicago.—p. 177.

Study of Variations in Saccharogenic Power of Human Saliva. Florence Walker and Lillian Sheppard, New Brunswick, N. J.—p. 192.

Vago-Inhibitory Effects on Respiratory Metabolism of Heart After Treatment with Dinitrophenol. W. E. Garrey and J. T. Boykin, Nashville, Tenn.—p. 196.

Effect of Estrin Injections on Developing Ova of Mice and Rabbits. H. O. Burdick and G. Pincus, Cambridge, Mass.—p. 201.

Increase in Insulin Secretion Following Injection of Epinephrine and Its Relation to High Liver Glycogen Values Obtained. June L. Chidsey and J. A. Dye, Ithaca, N. Y.—p. 223.

Journal of Experimental Medicine, New York

61:149-290 (Feb. 1) 1935

Studies on Anaphylaxis with Pollen. C. Bernstein Jr., Chicago.—p. 149.
Salt and Water Losses in Diuretic Diuresis and Their Relation to Serum Nonprotein Nitrogen and Electrolyte Concentrations. E. Kerpel-Fronius and A. M. Butler, Boston.—p. 157.
Experimental Production in Dogs of Acute Stomatitis, Associated with Leukopenia and Maturation Defect of Myeloid Elements of Bone Marrow. D. E. Miller and C. P. Rhoads, New York.—p. 173.
Further Studies on Kala-Azar: Leishmania in Nasal and Oral Secretions of Patients and Bearing of This Finding on Transmission of Disease. C. E. Forbner and Lily S. Zia, Peiping, China.—p. 183.
Diagnosis of Peritonsitis in Man by Means of Injections of Sputum into White Mice. T. M. Rivers and G. P. Berry, New York.—p. 205.
*Study of Repeated Attacks of Experimental Pneumococcus Lobar Pneumonia in Dogs. L. T. Coggeshall and O. H. Robertson, Chicago.—p. 213.
*Tests for Pneumococcus Hypersensitiveness in Dogs After Recovery from Experimental Pneumococcus Lobar Pneumonia. L. T. Coggeshall, Chicago.—p. 235.
Development of Pure Cultures of Fibroblasts from Single Mononuclear Cells. J. E. Moon, New York.—p. 247.
Blood Plasma Protein Regeneration Controlled by Diet: Systematic Standardization of Food Proteins for Potency in Protein Regeneration; Fasting and Iron Feeding. W. T. Pennington, H. B. Slavin, D. H. Kariher and G. H. Whipple, Rochester, N. Y.—p. 261.
Dog Plasma Protein Given by Vein Utilized in Body Metabolism of Dog; Horse Plasma and Dog Hemoglobin Not Similarly Utilized. W. T. Pennington, H. B. Slavin, D. H. Kariher and G. H. Whipple, Rochester, N. Y.—p. 283.

Repeated Attacks of Experimental Pneumococcic Pneumonia.—Coggeshall and Robertson studied the effects of repeated attacks of lobar pneumonia produced by the intrabronchial injection of pneumococcus type I in twenty-five dogs undergoing seventy-eight infections induced at intervals of from three days to nineteen months. The number of attacks to which animals were subjected ranged from two to eleven. The dogs were killed during the final infection and the pulmonary pathologic changes were studied. That recovery from the experimental disease conferred on the animal increased resistance against subsequent infections was shown by the fact that such animals regularly survived doses of culture which in the dog infected for the first time produced a fatal outcome. The recurrent attacks of pneumonia were uniformly mild in character, the febrile course was brief, the pulmonary lesion was usually confined to a single lobe, and bacteremia seldom occurred. The time intervals between attacks bore no relationship to the severity of the experimental disease. Tests for acquired antipneumococcic immune substances in the blood after recovery showed their presence in some animals and not in others, yet dogs without demonstrable humoral immunity appeared to be just as resistant to reinfection as those possessing it. Secondary lesions produced in the lobe previously affected tended to evolve much more rapidly than did the primary ones. They were characterized by the early appearance of a generalized macrophage reaction and a marked diminution in the numbers of pneumococci in the tissues or their complete absence. These changes occurred more slowly in secondary lesions initiated in heretofore uninvolved lobes. The macrophage reaction, which consists of a swelling of the fixed tissue cells (histiocytes) and a subsequent liberation of macrophages into the alveolar exudate, is regarded as a significant evidence of increased antipneumococcic resistance, since it has been observed to occur regularly at the time of recovery from the first infection and is accompanied by the local disappearance of the invading micro-organisms.

Tests for Hypersensitiveness After Recovery from Experimental Pneumonia.—Coggeshall bases his conclusion that dogs do not develop hypersensitivity to the pneumococcus as the result of experimental lobar pneumonia on the following: 1. Fifteen dogs were given type I and II pneumococcus lobar pneumonia and, following recovery, were tested for hypersensitiveness by means of intrabronchial and intracutaneous injections of the autolysate made from the homologous pneumococcus. 2. Seven dogs showed a pulmonary lesion discernible with the x-rays at the site of the autolysate inoculation; three of these dogs were normal controls. 3. No evidence of a positive skin reaction was found in any of the fifteen dogs, many of which received repeated infections and intradermal autolysate injections. 4. Subsequent infections in the same animals were definitely milder than the initial infection. 5. The infections following the administration of intrapulmonary and cutaneous autolysate were of about the same intensity as the initial infection. 6. Temperature, pulse rates, white blood counts and differential blood pictures showed no significant variations following intrapulmonary injection of autolysate. 7. Tests for the acquisition of humoral immune bodies following autolysate injection and recovery from the experimental disease showed the presence of these substances in some of the dogs and their absence in others. 8. Study of the pathology of the pulmonary lesions produced by the autolysate failed to reveal histologic changes characteristic of an allergic reaction. However, the presence of perivascular accumulations of large mononuclear cells observed in the lesions of the recovered dogs does suggest a locally accelerated reactivity of the fixed tissue cells to the products of the pneumococcus.

Journal of Industrial Hygiene, Baltimore

17:1-36 (Jan.) 1935

Lead Intoxication in Etiology of Hypertonia. N. A. Vigdortchik, Leningrad, U. S. S. R.—p. 1.
Effect of Salts on Determination of Traces of Lead by Chromate Method. A. W. Middleton, London, England.—p. 7.
Effect of Repeated Leading on Blood Picture in Guinea-Pigs. J. Krafka Jr., Augusta, Ga.—p. 13.
Factors Influencing Lethal Action of Illuminating Gas. Erma Smith, E. McMillan and Lillian Mack, Ames, Iowa.—p. 18.
Control of Occupational Diseases by Laboratory Methods. C. O. Sappington, Chicago.—p. 21.
Detection of Mineral Particles in Sputum in Silicosis. H. E. Burke, Ray Brook, N. Y.—p. 27.
*Method for Analysis of Dust Samples Employing X-Ray Diffraction: Preliminary Report. W. F. Bale and W. W. Fray, Rochester, N. Y.—p. 30.

Method for Analysis of Dust Samples.—Bale and Fray believe that their method of employing x-ray powder spectroscopy promises to aid materially in the qualitative analysis of dust samples. The results of the test are available at the end of from twenty-four to forty-eight hours. The dust is very finely pulverized and inserted in a capillary glass tube. The properly filtered Ka radiation of a molybdenum target x-ray tube is used to produce a nearly monochromatic beam, which is passed through the contents of the capillary tube, producing diffractive effects identified on the film as bands of different density and intensity separated by areas of comparatively clear film. The blackening of the film occurs in bands, because these areas represent directions in which reenforcement of the roentgen energy occurs from diffractive interference while the clear areas show little blackening, owing to the fact that these areas relate to the aphasic character of the roentgen energy diffracted in these directions. The quantitative amounts of sand or mica in a mixed dust sample of unknown character may be determined at least approximately by comparing the relative film densities of selected strong bands of the substance in the mixed sample with that of a known mixed control of the same substances.

New Jersey Medical Society Journal, Trenton

32:1-58 (Jan.) 1935

Osteogenic Tumors. J. D. Tidaback, Summit, and A. Galasso, Morristown.—p. 7.
The Medical Society of New Jersey Experiments in Furnishing Community Health Services. L. A. Wilbur, Trenton.—p. 11.
Allergy in Clinical Medicine. R. A. Cooke, New York.—p. 15.
Pneumonia in Adults. L. F. Barber, Baltimore.—p. 24.
Roentgenologic Diagnosis of Lesions of Esophagus. C. F. Baber and W. J. Marquis, Newark.—p. 29.

New York State Journal of Medicine, New York

35:41-100 (Jan. 15) 1935

Psychogenic Factors in Asthma. C. P. Oberndorf, New York.—p. 41.
Nondrainage Treatment of Peritonitis. G. W. Cottis and H. W. Ingham, Jamestown.—p. 49.
Observations on Some Disturbances of Vestibular Function. P. Northington, New York.—p. 56.
Chemistry in Medicolegal Autopsy. A. O. Gettler, New York.—p. 66.
Cutaneous Reactions to Hemolytic Streptococcus Nucleoprotein in Rheumatic and in Nonrheumatic Children. A. D. Kaiser and J. D. Keith, Rochester.—p. 69.
Arteriography. J. C. Knapp, Westchester, N. Y.—p. 76.
The Physician and Pharmacist of the Future. F. D. Lascoll, New York.—p. 79.

Philippine Journal of Science, Manila

33:1 91-192 (Oct.) 1934. Partial Index

Human Infestations with Ascaris and Trichuris in Different Parts of the Philippine Islands. M. A. Tubangui, M. Banzon and A. M. Pasco, Manila.—p. 91.
Hemorrhagic Filariasis in Cattle Caused by New Species of Parafilaria. Z. de Jesus, Manila.—p. 125.

Southern Medical Journal, Birmingham, Ala.

28:1 107-196 (Feb.) 1935

Gastric Carcinoma: Clinical Research; Preoperative Course and Postoperative Results. E. H. Gaither, Baltimore.—p. 107.
Pseudohypertrophic Progressive Muscular Dystrophy: Preliminary Report of Cases Treated with Glycocoll. L. F. Bender, Philadelphia.—p. 114.
Relation of Vitamin Deficiency to Toxemia of Pregnancy. R. A. Ross, Durham, N. C.—p. 120.
Occurrences of Different Types of Mental Changes in Brain Tumor. E. Sachs, St. Louis.—p. 122.
Further Observations on Prenatal Medication as Possible Etiologic Factor of Deafness in the New-Born. H. M. Taylor, Jacksonville, Fla.—p. 125.
Diathermy in Diseases of Eye, Ear, Nose and Throat. H. L. Hilgartner Jr. and H. L. Hilgartner, Austin, Texas.—p. 130.
Interpretation of Abdominal Pain. F. K. Boland, Atlanta, Ga.—p. 133.
Diagnosis and Treatment of Duodenal Ulcer. I. Abell, Louisville, Ky.—p. 138.
Factors That Maintain High Death Rate in Acute Appendicitis. J. H. Blackburn, Bowling Green, Ky.—p. 141.
Nine Years' Experience with Gallbladder Visualization. D. Spangler, Dallas, Texas.—p. 144.
*Dermonecrotic Properties of Staphylococcus Filtrates. P. F. Stookey and L. A. Scarpellino, Kansas City, Mo.—p. 148.
Tumors and Tumor-like Conditions of the Lymphocyte, Myelocyte, Erythrocyte and Reticulum Cell. G. R. Callender, Fort Sam Houston, Texas.—p. 152.
Correction of Aorta: Its Importance and Diagnosis. W. K. Parks and W. P. Robert, Vicksburg, Miss.—p. 158.
Lutein Cell Carcinoma of Ovary. P. I. Nixon and H. Hartman, San Antonio, Texas.—p. 161.
Prophylaxis of Shock. W. C. Jones, Miami, Fla.—p. 166.
Use of High Protein, Low Caloric, Acid Ash Diet in Obesity. W. Baumgarten, St. Louis.—p. 169.
Effect of Dietary Changes on Urinary Reaction. F. C. Neff, Kansas City, Mo.—p. 172.
Boundaries of Dermatology. T. W. Murrell, Richmond, Va.—p. 176.
Diagnostic Points in Pulmonary Tuberculosis. P. H. Ringer, Asheville, N. C.—p. 178.
How to Increase the Physician's Income and at the Same Time Reduce the Cost of Medical Care. M. L. Boyd, Atlanta, Ga.—p. 180.
Diphtheria Immunization. A. H. Flickwir, Fort Worth, Texas.—p. 183.
Some Developments in Psychiatric Teaching. S. Asberry, Louisville, Ky.—p. 186.

Dermonecrotic Properties of Staphylococcus Filtrates.—Stookey and Scarpellino discuss the association of a dermonecrotic, hemolytic and toxic filtrate obtained from toxin producing staphylococci and its relationship to certain diseases of the skin. They believe that pyodermia gangrenosa has much in common with osteomyelitis. In primary osteomyelitis the staphylococcus is blood borne from a primary focus usually situated in the skin, and after a varying period of pyemia it is embolically deposited in the bone, which produces the osteomyelitis. Pyodermia gangrenosa represents a reversal of this process. There is usually a primary focus, frequently hidden, from which the staphylococcus enters the blood at irregular intervals to be embolically deposited in the skin. To obtain staphylococcus toxin, the original culture should be made in sugar-free mediums. Many strains of the staphylococcus are toxin makers, but on repeated subculture they lose their toxin-making properties, and, if the hydrogen ion concentration of the mediums is not adjusted properly, toxin formation will be inhibited or abolished. Animal passage will restore the original toxin-making properties of the staphylococcus. The necrotic properties of the filtrate usually disappear before the hemolytic properties. This toxin has a marked antigenic action. Immune substances are carried in the pseudoglobulin fraction of the blood serum. Some observers consider that the hemolysin elaborated by several species of bacteria are identical. If this is true, antihemolysins, due to hemoglobin-destroying organisms, should cross-neutralize one another. The authors have worked with staphylococci obtained from three cases of vegetative bacterial endocarditis. The blood cultures were positive in all three cases for Staphylococcus aureus, which possessed hemolytic and dermonecrotic properties. In nineteen cases of primary osteomyelitis, staphylococci were isolated in all instances. Fifteen were found to have hemolytic properties, and thirteen of these produced a dermonecrotic toxin. Four cases of cavernous sinus thrombosis, secondary to furuncles in the danger area, all showed dermonecrotic and hemolytic toxin. From the pus obtained from fourteen furuncles, staphylococci have been isolated in all instances. Nine were found to be hemolytic and necrotic, three were hemolytic and nonnecrotic, and two lacked completely either hemolytic or necrotic properties. Cavernous sinus thrombosis seems to result from a staphylococcic infection in the anatomic area that drains into the skull, chiefly through the angular and ophthalmic veins. The primary lesion is usually a furuncle. There is a secondary thrombosis into the veins leading into the cavernous sinus, with an extension of the thrombus in the cavernous sinus.

FOREIGN

An asterisk (*) before a title indicates that the article is abstracted below. Single case reports and trials of new drugs are usually omitted.

British Journal of Tuberculosis, London

29:1 1-62 (Jan.) 1935

Problem of Acute Pulmonary Phthisis of Young Females. S. L. Cummins.—p. 4.
Place of Phrenicectomy in Treatment of Pulmonary Tuberculosis. J. Grayson.—p. 12.
Christopher Bennet. H. Belleston.—p. 16.
Assmann's Focus. P. Kerley.—p. 19.
Tuberculin Treatment of Pulmonary Tuberculosis. H. Sutherland.—p. 26.
Tuberculin in Iridocyclitis and Scleritis. C. L. Gimblett.—p. 38.

British Medical Journal, London

2:1 93-138 (Jan. 19) 1935

Some Recent Advances in Cardiovascular Disease. C. Wilson.—p. 93.
*Treatment of Lymphedema by Plastic Operation: Preliminary Report. H. Gillies and F. R. Fraser.—p. 96.
Rôle of Vitamin A in Nutrition. Marion B. Richards.—p. 99.
Evaluation of Modern Diphtheria Prophylactics. C. J. McSweeney.—p. 103.
*Treatment of Bedsore with Elastic Adhesive Plaster. T. J. A. Carty.—p. 105.

Treatment of Lymphedema by Plastic Operation.—Gillies and Fraser report a case of lymphedema of the lower extremities in which there was no evidence of acute lymphangitis, and although there were possible sources of infection the evidence for an inflammatory origin is not convincing. In view of the crippled condition of the patient and of the failure of all forms of treatment that had been tried, they attempted to restore lymph drainage from the legs to the trunk by means of grafts of skin and subcutaneous tissues so as to bridge the obstruction. The forearm could easily be brought close to the upper part of the thigh and, if two raw areas were made on the opposing surfaces, a large surgical union would take place, while, if the lymphatics also anastomosed, the lymph of the thigh would drain through the joint and be carried by way of the lymphatics of the arm into the general system, the block being thereby sidetracked. Four operations were carried out altogether. When the arm was joined to the thigh on the left side (first operation), the experimental lymphatic "tap" proved itself so efficient that the edema definitely subsided after three weeks and continued to do so after the patient had learned to hobble about. The other leg remained swollen. When the experimental operation was completed into a permanent plastic (fourth operation), the union of the two systems of lymphatics proved adequate to keep all discomfort and all swelling (except a small patch of the calf) from the operated leg after that date. Their experience appears to prove that a lymphatic tap below the obstruction is sufficient to cure the whole limb. It is desirable that some simpler "tap" than the arm-flap plastic should be discovered. The principle having been proved, simpler modifications of forming a bridge may suggest themselves.

Treatment of Bedsore with Elastic Adhesive Plaster.—Carty successfully treated ten cases of bedsore by applying elastic adhesive plaster (elastoplast dressing). Fifteen days was the longest time taken for healing and no case proved intractable. No systemic reaction due to retention of discharge about the ulcer was observed. In carrying out the method, two pieces of elastic adhesive plaster, one over the other, are applied so that the bedsore and the skin surrounding it for at least an inch are covered. If the bedsore has a greater diameter than the bandage, two pieces may be laid side by side and held together by two other pieces placed at right angles. The

bandage is left in position as long as it will adhere—usually, in the early stages when discharge is plentiful, from twelve to forty-eight hours. It is then replaced by similar pieces of adhesive plaster and repeated until healing is complete. On removal of the bandage no attempt should be made to clean the surface of the sore; it suffices to wipe away the discharge from the surrounding skin with absorbent cotton or a soft cloth before applying a new piece of bandage.

Journal of Pathology and Bacteriology, Edinburgh

40:1-200 (Jan.) 1935

Structure of Teratomas. R. A. Willis.—p. 1.
Reconstruction Models Showing Moderately Early Simple Silicotic Process and How It Affects Definite Parts of Primary Unit of Lung. F. W. Simson.—p. 37.
Leukemia Coincident with and Transmissible by Spindle-Celled Sarcoma in Mouse. L. Dorothy Parsons.—p. 45.
*Infection with Neurotropic Yellow Fever Virus Following Instillation into Nares and Conjunctival Sac. G. M. Findlay and L. P. Clarke. —p. 55.
Immunization of Mice Against Rift Valley Fever. R. D. Mackenzie. —p. 65.
Adsorption and Elution of Agglutinins. A. H. Rosenheim.—p. 75.
Natural Occurrence of Pleuropneumonia-like Organisms in Apparent Symbiosis with Streptobacillus Moniliformis and Other Bacteria. Emmy Klieneberger.—p. 93.
Experiments with B C G Cultures. M. F. Shaffer.—p. 107.
Size of Virus of Poliomyelitis as Determined by Ultrafiltration Analysis. W. J. Elford, I. A. Galloway and J. R. Perdrau.—p. 135.
Size of St. Louis Encephalitis Virus as Determined by Ultrafiltration Analysis. W. J. Elford and J. R. Perdrau.—p. 143.
Cultivation of Virus of Infectious Ectromelia, with Observations on Formation of Inclusion Bodies in Vitro. A. W. Downie and C. A. McGaughey.—p. 147.
*The Ectopic Testicle. H. W. C. Vines.—p. 161.
Complexity of Antigens in Relation to Zones in Precipitation Reaction. N. E. Goldsworthy and G. V. Rudd.—p. 169.

Infection with Yellow Fever Virus Following Instillation into Nares.—Findlay and Clarke state that the nasal instillation of neurotropic yellow fever virus in monkeys and mice is followed by the development of encephalitis; the virus also reaches the peripheral blood stream. The virus is present in the olfactory lobes of a monkey and in the cerebral hemispheres of mice two days after nasal instillation; later there is a general spread throughout the brain. Instillation of the virus in the conjunctival sacs of mice is followed in certain cases by encephalitis. Monkeys that have immune bodies to yellow fever present in the blood do not develop encephalitis after nasal instillation of the virus. The possible routes by which the virus reaches the brain from the nasal cavities are discussed.

The Ectopic Testicle.—Vines examined histologically forty-four cases of ectopic testicles, of which thirty-eight showed unilateral and six bilateral misplacement. Unilateral and bilateral ectopic testicles are histologically distinct at and after puberty; before puberty no constant differences have been observed in equally immature testicles. After puberty the unilateral ectopic testicle undergoes progressive atrophy, involving first and chiefly the spermatic epithelium and later the interstitial cells. In bilateral ectopia complete testicular atrophy does not occur; there is either normal spermatogenesis or else the spermatic tissue atrophies, while the interstitial cells undergo marked hyperplasia. The atrophy of the spermatic tissue, which may occur in both types of ectopia, is a result of puberty. It is probably due to the incapacity of the immature testicle to respond successfully to the stimulus of puberty. The interstitial hyperplasia in bilateral ectopia is also an effect of puberty and does not occur in the prepubertal period. The author suggests that bilateral ectopia and its associated malformations of the genitalia are not governed by the gonad but are parts of an endocrine syndrome that causes masculinization of the female in early fetal life.

Journal of State Medicine, London

43:1-62 (Jan.) 1935

Inspection of Dairy Cattle Under the Milk and Dairies (Consolidation) Act, 1915. R. Wood-White.—p. 1.
The Milk Problem. T. Ruddock-West.—p. 17.
Weakness of Pasteurization as Means of Safeguarding the Milk Supply. D. Hall.—p. 24.
Midwifery Service in Rural District. H. H. Thomson.—p. 28.
Antenatal Work in Cumberland. K. Fraser.—p. 32.
The Crippled Child. H. A. Brittain.—p. 36.
Citizenship and Tuberculosis. J. H. H. Williams.—p. 43.

Journal of Tropical Medicine and Hygiene, London

38:17-28 (Jan. 15) 1935

Ocular Filariasis: Adult Wuchereria Bancrofti in Anterior Chamber of Human Eye. S. E. Fernando.—p. 17.
Some Pathologic Changes Met with in Filarial Orchitis and Their Significance. T. B. Menon and D. R. Annamalai.—p. 18.

Presse Médicale, Paris

43:137-160 (Jan. 26) 1935

Heterotopic Osteogenesis Obtained with Help of Grafts in Muscles of Strip of Vesical Mucosa or of Grafts of Aponeurosis in Bladder. R. Leriche and E. Lucinesco.—p. 137.
Observations on Heterotopic Osteogenesis in Spleen. A. Jung and S. Comil.—p. 140.
Pulmonary Stenosis. R. Debré, G. Sée and E. Normand.—p. 142.
*Besnier-Boeck's Disease (Multiple Benign Sarcoid). L.-M. Pautrier. —p. 146.
Roentgenologic Diagnosis of Suppurated Hydatid Cysts of Lung. H. Contamin and E. Curtillet.—p. 150.
Influence of Some Metals on Fixation of Mineral Components in Osteoblast Cultures: Biologic Study of Osteosynthesis. G. Menegaux and D. Odiette.—p. 152.
*Hernias of Mediastinum and Their Pathogenesis. F. Triboulet and J. Lecœur.—p. 156.

Besnier-Boeck's Disease.—Pautrier discusses in detail the clinical and pathologic manifestations of multiple benign sarcoid in various tissues. The cutaneous lesions, which have been the longest known, appear as nodosities of varying sizes. They develop slowly during years and may leave a central scar. The histologic picture is characteristic. They are formed of a dermal infiltration predominantly epithelioid and separated by narrow bands of collagen. Histiocytes and lymphocytes are frequently present. The infiltrating nodules border the hypoderm without producing the least reaction. The lesions in the ganglions, tracheobronchial glands, lungs, osseous tissue, viscera and nasal and conjunctival mucosa are histologically identical. The condition is therefore revealed as a generalized systemic disease, primarily reticulo-endothelial. No agreement as to etiology has been reached. The consensus allies it with tuberculosis in an attenuated form. The author employs a treatment consisting of tuberculin and neoarsphenamine and has obtained many good results with it.

Hernias of Mediastinum.—Triboulet and Lecœur discuss the anatomic and functional factors concerned in mediastinal herniation. Two cases are reported. As a result of their studies they conclude that the pathogenic mechanism is not simple. It is usually due to pressing back of the pleural cul-desac through a weakened zone of the mediastinum owing to the simple influence of disequilibrium of pressures created by pneumothorax and manifesting itself through a maximum of expiratory distention. More rarely a different mechanism is involved in which the hernias are of maximum inspiration resulting from the aspirating action exerted by the opposite lung and are a simple manifestation of the retractable tendency of lesions at this site.

Revue Française de Pédiatrie, Paris

10:709-864 (No. 6) 1934

Tetany in Infants Under Three Months. E. Gorter and Johanna J. de Does.—p. 709.
Histophysiologic Study of Infantile Rickets. A. Policard, M. Péhu and J. Bassemont.—p. 723. p. 722.
Prognosis of Intrathoracic Tuberculosis of Child. J. Lundquist.—p. 769.
Peculiarities of Blood Biochemistry and Metabolism in Infantile Nephropathies. M. S. Masslov.—p. 783.
*Prophylaxis of Measles with Adult Serum. A. S. Lévine.—p. 825.

Prophylaxis of Measles.—Measles and its complications account for a high percentage of the infectious disease mortality. The struggle against measles, according to Lévine, lies in the domain of general prophylaxis, hygiene and specific immunobiology. The immunizing action of adult serum may perhaps be explained in two ways: the presence of proteins and the presence of specific antibodies. He observed several groups of infants with various degrees of exposure and immunization to measles. He concludes that adult serum is a valuable prophylactic agent against measles. Convalescent serum has given brilliant results. Late introduction of serum has no results; early administration, even of small quantities, often is advantageous. The introduction of serum lengthens the period of incubation. Large doses of serum (60 cc.) given in the first

days of the incubation period protect the child from the disease and give a passive immunity. Smaller doses of adult serum (from 15 to 20 cc.), given up to the fifth day of incubation or larger doses given later, attenuate the disease and produce an active immunity. The author believes that only the passive immunization should be given to nurslings, the active method being reserved for older children.

Prensa Médica Argentina, Buenos Aires

22: 109-158 (Jan. 16) 1935

Generalized Verrucous Sporotrichosis: Case. C. Seminario, E. R. Gavida Alvarado and T. Negri.—p. 109.
Abscesses of Lung in Children. E. A. Beretervide.—p. 125.
Spirochaetosis Icterohaemorrhagica. E. Barros.—p. 140.
*Verification of Efficacy of Artificial Pneumothorax. A. P. Headklass, O. Garré and J. Viala.—p. 149.
Removal of Parotid Gland. J. F. Fierillo.—p. 150.
Korsakoff's Psychosis in Children. A. Garcion, J. E. Vivinni and A. Cordeiro.—p. 153.

Verification of Efficacy of Artificial Pneumothorax.—Headklass and his collaborators assert that plane roentgenkymography is of great value in the verification of immobilization of the lung after artificial pneumothorax in pulmonary tuberculosis. They used a modification of Stumpf's technic by interposing between the patient and the film, in a vertical position, a grate with lead bars, opaque to the roentgen rays, 14.5 mm. in width and 5 mm. apart. The grate is slowly and uniformly displaced from left to right during respiration, by a special mechanism. The roentgenkymogram has a series of parallel vertical lines the interspaces of which represent the space covered by two openings in the grate. Motions in the lung are graphically registered, appearing in the interspace of the roentgenkymogram in the form of waves, following a horizontal direction and the amplitude of which depends on the intensity of the movement in the pulmonary field. Two waves are recorded by a pulmonary movement during two inspirations. The reading of the roentgenkymogram is made from left to right. If there is an abnormal image of the lung and the waves are synchronous to those given by diaphragmatic, costal or mediastinal movements, the movement of the pulmonary field is related to those organs. If, on the contrary, the waves do not coincide with those given by diaphragmatic, costal or mediastinal movements, the movement in the pulmonary field is independent of those organs.

Archiv für Verdauungs-Krankheiten, Berlin

57: 1-112 (Jan.) 1935. Partial Index

*B Vitamins as Substitute for Insulin? W. von Drigalski.—p. 1.
*Dyspeptic Disturbances in Patients with Chronic Cardiac Insufficiency. D. Branisteanu and I. Fainita.—p. 15.
Studies on Uric Acid Metabolism. D. Jaffe.—p. 25.

B Vitamins as Substitute for Insulin.—Von Drigalski reviews the literature of the action of vitamin B on the carbohydrate metabolism. The numerous reports which seemed to indicate that medication with vitamin B could be a substitute for insulin induced the author to treat with yeast ten cases of diabetes mellitus of various degrees of severity. Two patients were treated with fresh yeast (from 100 to 150 Gm.) daily, while the other eight were treated with dry yeast. In order to determine the action of the yeast on the metabolism, the author studied the glycosuria, the blood sugar, the acidosis and the body weight. The tabular reports indicate clearly that yeast exerts no influence on glycosuria, acidosis, blood sugar content, insulin requirements and body weight of patients with diabetes mellitus, and that consequently it cannot replace insulin in the treatment of diabetes mellitus. The author points out that the conditions in some of the animal experiments by which other investigators proved the influence of yeast on the carbohydrate metabolism correspond so little to the conditions in human diabetes mellitus that there is no necessity of discussing the contradictions between animal and human tests.

Dyspeptic Disturbances in Patients with Cardiac Insufficiency.—Branisteanu and Fainita point out that patients with decompensated heart disease are frequently subject to dyspeptic disturbances, with loss of appetite, coated tongue, feeling of fulness after eating, heartburn, eructation, abdominal flatulence and constipation. The general opinion is that the stasis in the abdominal organs is the cause of these dyspeptic disturbances. The stasis involves all abdominal organs, but the most noticeable symptoms of this stasis are those caused by the stomach and liver. For this reason the author studied in twenty-two patients with cardiac decompensation the roentgenologic and functional aspects of the stomach and the functional aspects of the liver. The patients were treated for several days with bed rest and digitalis, and after that the gastric mucous membrane was examined by roentgenography. Gastric juice was withdrawn and examined to determine the functional activity of the stomach. In order to determine the functional activity of the liver, the urine was examined for bilirubin and urobilinogen and the blood for lactic acid and bilirubin. The roentgenoscopy of the stomach revealed a swollen condition of the gastric folds, which may be interpreted as a manifestation of gastritis caused by stasis. Such changes in the gastric mucous membrane are generally found in postmortem examinations of patients with cardiac decompensation. An impairment of the liver was present in 81 per cent of the patients. The author concludes that the stasis gastritis and the insufficiency of the liver explain the dyspeptic disturbances in patients with cardiac insufficiency.

Münchener medizinische Wochenschrift, Munich

82: 163-202 (Jan. 31) 1935. Partial Index

Investigations and Observations on Cancer of the Uterine Os. - H. Schridde and H. Berning.—p. 166.
*Significance of Quantitative Determination of Porphyrin by Means of Luminescence Test for Examination of Hepatic Function and for Problems of Nutrition. K. Franke and R. Fikentscher.—p. 171.
Occlusion of Vaginal Vestibule in Small Girls. E. Flusser.—p. 172.
Treatment of Hypertrichosis. E. Karpelis.—p. 179.
*Is Particular Caution Necessary in Use of Salyrgan? W. Hug.—p. 184.
*Use of Salyrgan as Diuretic in Severe Cardiac Weakness. S. Taivanopoulos.—p. 185.
Diuretic Action of Complex Mercury Compounds. H. Gremels.—p. 186.

Determination of Porphyrin by Means of Luminescence Test for Examination of Hepatic Function.—Franke and Fikentscher demonstate that the quantitative determination of porphyrin by means of the luminescence method is an unusually exact test of the hepatic function. Even a simple overtaxing of the normal activity of the liver cells and the slightest hepatic disturbances result in an increased elimination of the ether-soluble porphyrins in the urine, and the luminescence test clearly indicates this. A number of factors, to which formerly only slight importance was attached (expenditure of energy, constitution and nutrition), influence the porphyrin content of the urine. Thus the estimation of the porphyrin elimination has only clinical value, if these factors are taken into consideration. The diet should be given especial attention. In case of continuous tests, the patient should be put on a standard diet (restriction of meat and of proteins as well as of fats, with the exception of butter). The authors studied the modification of the porphyrin content of the urine by various diets. They observed an increase in the urinary porphyrin elimination not only following the intake of foods that contain porphyrin (exogenic porphyrin) but also after ingestion of large quantities of foods that tax the liver cells greatly. Especially the consumption of large quantities of fats (with the exception of butter) and of fats and proteins combined, results in a considerable increase in the urinary porphyrin elimination. The determination of the porphyrin content of the urine is thus helpful in estimating how the organism tolerates a certain type of diet.

Necessity of Caution in Use of Salyrgan?—Hug says that he would not like to dispense with a diuretic as effective as salyrgan in spite of the fatality caused by it in his hospital. He thinks that in every medicament which is administered intravenously a thrombosis is possible, but he considers this not a sufficient reason to reject the remedy entirely. It is a well known fact that patients with cirrhosis of the liver have an especially poor tolerance for intravenously administered remedies, and the author points out that the patient who died following the administration of salyrgan not only had a severe cardiac myodegeneration but also cirrhosis of the liver. Moreover, it has been proved that the liver plays an important part in the action mechanism of salyrgan diuresis. In view of these facts the fatality observed by the author following the administration of salyrgan is the more understandable, and since he gained the impression that generally salyrgan is well tolerated by young

as well as by old patients and in administration into the muscle, the vein or the peritoneum he thinks that there is no reason to discontinue its use. He says that the considerable relief effected by salyrgan often induces the patients to request an injection.

Salyrgan as Diuretic in Severe Cardiac Weakness.—According to Tziwanopoulos, most authorities agree that in severe cardiac insufficiency with a low maximum blood pressure and with myocardial changes a sudden artificial increase in the diuresis, which might cause a disturbance in the labile equilibrium of the circulation, is to be avoided. He points out that the danger involved in the use of salyrgan in severe heart disease has been stressed repeatedly and that it has been recommended that the administration of salyrgan be preceded by a thorough digitalization.

Wiener klinische Wochenschrift, Vienna

48:97-128 (Jan. 25) 1935. Partial Index

Significance of Habit in Clinical Pathology. F. Hamburger.—p. 97.
*Clinical Aspects of Carcinoma of Head of Pancreas. L. Hess and J. Faltitschek.—p. 103.
*Histamine Action and Its Modifiability in Children. G. Papp.—p. 107.
Nonirritating Diet. F. Kaudrn.—p. 109.
Influenza. H. von Jagić.—p. 113.
Treatment of Renovesical Tuberculosis. T. Hrynstschak.—p. 114.

Clinical Aspects of Carcinoma of Head of Pancreas.—Hess and Faltitschek call attention to the fact that the neoplasms developing in the head of the pancreas, because of their spatial relation to the large bile duct, the pancreatic duct and the duodenum, are characterized by a number of symptoms, the concurrence of which makes a diagnosis possible. They describe one case of carcinoma showing the triad of typical symptoms: mechanical icterus with continuous complete acholia, continuous melena and Courvoisier's sign. Then they describe another case, in which the same syndrome was caused not by carcinoma but by cirrhosis of the pancreas. From this observation they conclude that the classic triad of symptoms does not permit a definite diagnosis of cancerous stenosis of the bile duct as long as ascites is absent. But, although the triad of symptoms lacks complete conclusiveness as regards a malignant process in the region of the bile passages, the intermittence of the biliary occlusion does not, as was formerly believed, indicate always a lithogenic closure but may occur also in the occlusion that results from malignant processes. The authors report a case history to illustrate this. They point out that, because of the nearness of the head of the pancreas to the duodenum, passage disturbances in this portion of the intestine may develop as the result of pancreatic carcinoma. In this connection they relate the clinical history of a man in whom, during the beginning period of the cancer, incomplete duodenal stenosis without icterus was the main symptom. On the basis of this symptom an ulcerating process of the duodenum had been assumed at first. The authors stress that, in patients of advanced age in whom roentgenoscopy reveals changes in the duodenum, the possibility of an incipient malignant growth of the pancreas should not be overlooked.

Histamine Action and How It Is Modified in Children.—Papp studied the pharmacologic action of histamine in children. He observed the general condition, the cutaneous symptoms, the blood pressure, the pulse, the formation of gastric juice, the pupillary reaction and the urine. He administered subcutaneously from 0.25 to 1 mg. of histamine. He observed various degrees of erythema, particularly in the face and at the site of injection. Increase in the temperature, headaches and tremors developed in many children. The formation of gastric juice was always greatly increased. However, histamine influenced neither the pulse nor the blood pressure. The author tried to inhibit or modify the action of histamine by various substances. He found that the administration of hypophyseal extract influences the erythema continuously and that epinephrine and dextrose influence the erythema slightly. The acid solutions of sodium phosphate and of sodium carbonate exert a hardly perceptible influence, and the solution of calcium exerts only a weak influence. The stimulating action exerted by histamine on the formation of gastric juice remains uninfluenced by any of the substances. Solution of sodium hydrocarbonate seems to increase further the action of histamine on the gastric juice.

Hospitalstidende, Copenhagen

78:1-36 (Jan. 1) 1935.

*Plasma Phosphatase in Normal and Rachitic Children. O. Andersen.—p. 5.
*Acute Barbital Intoxication with Especial Regard to Organic Degenerations. J. Ravn.—p. 19.

Plasma Phosphatase in Normal and Rachitic Children.—Andersen's investigations in thirteen children aged up to 3 years, and twelve aged from 3 to 13, all without signs of rickets, showed average plasma phosphatase values of 0.25 in the first group, with boundary values from 0.14 to 0.34, and of 0.15 in the second group, with boundary values from 0.06 to 0.26. In twenty-five children, aged from 3 to 27 months, with typical signs of rickets, the average value was 0.86, with boundary values from 0.42 to 1.41. The lowest limit for beginning pathologic values is set at 0.30. Antirachitic treatment in rachitic children results in a reduction of the plasma phosphatase, the decrease being slow in comparison to the increase in calcium and phosphorus values and apparently following more closely the clinical improvement. No relation is apparent between the absolute phosphatase and calcium values, but a certain relation is seen between the phosphorus count and plasma phosphatase count, high phosphatase values usually appearing with low phosphorus values and vice versa. The absolute phosphatase value seems to be independent of the degree of the rickets. The establishment of increased phosphatase without simultaneous clinically demonstrable rickets may indicate latent D avitaminosis. Determination of the plasma phosphatase may perhaps be applied in confirming the optimal dose of vitamin D in the treatment of rickets.

Barbital Intoxication and Organic Degenerations.—In the fatal case reported by Ravn, both liver and kidney degeneration were confirmed in the first twenty-four hours. The pancreas is thought possibly also to have been affected. He says that since liver insufficiency may occur in barbital intoxication, the use of dextrose in treatment is rational.

78:29-56 (Jan. 8) 1935

*Eosinophilia After Intravenous Oil Injection. J. Engelbreth-Holm.—p. 29.
*Solitary Cecal Diverticula. H. Thomsen.—p. 43.

Eosinophilia After Intravenous Oil Injection.—Engelbreth-Holm's experiments in animals show that chaulmoogra oil does not have a positive eosinotoxic effect. Like any other oil it can, on intravenous injection, cause infarct formation in the lungs. Intravenous injection of oil, irrespective of the kind of oil, will cause eosinophilia in the blood of rabbits. Since lung infarcts are the only pathologic process established in the animals with eosinophilia and since they are confirmed in all the animals with eosinophilia, the two changes are apparently related. In man a relation is seen between the blood eosinophilia observed after intravenous injection of chaulmoogra oil and the pulmonary changes analogous to those noted in animal experimentation. These changes or infarcts are not a specific chaulmoogra oil effect but are due to the fact that the substance is an oil.

Solitary Cecal Diverticula.—Thomsen says that these diverticula are extremely rare and cites the eight cases found by him in the literature and presents three additional cases. The ages of the patients varied from 20 to 60. Solitary cecal diverticula (i. e., the cecal diverticula seen in patients not previously appendectomized) appear singly or at the most as two or three small pouches from the size of a pea to that of a walnut on the anterior wall of the cecum. The symptoms are identical with those of acute appendicitis, and the diagnosis in all the reported cases has been acute appendicitis. The danger of perforation seems to be greater in cecal diverticula than in appendicitis. Treatment has consisted in resection of the diverticulum itself or of the cecum. All the patients have recovered without any especial complications. Only one had perforation and peritonitis (Moschowitz).

CORRECTION

Use of Iron in Treatment of Pernicious Anemia.—In the abstract of Mogensen's article in THE JOURNAL, February 16, page 604, in the third line from the bottom, the words "blood platelet production" should be replaced by "red blood cell production."